

DROP IN OFFICE HOURS

HOW TO APPLY FOR THE 2020 OPIOID CARE HONOR ROLL

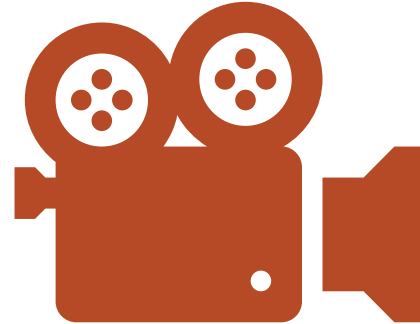
September 22, 2020

10:00-10:30am Pacific Time

Using Zoom Meeting Platform



CHAT in your
questions/comments



Webinar is being
RECORDED



Please
MUTE/UNMUTE your
line as needed



DOWNLOAD resources

Opioid Care Honor Roll 2020 Webinar Series Roadmap

Access webinar recordings & slides [here](#)

1

How to capture &
keep attention on the
CA Opioid Epidemic

2

Harm reduction
strategies

3

Leveraging
community partners

4

Cutting edge
strategies

5

Drop in office hours

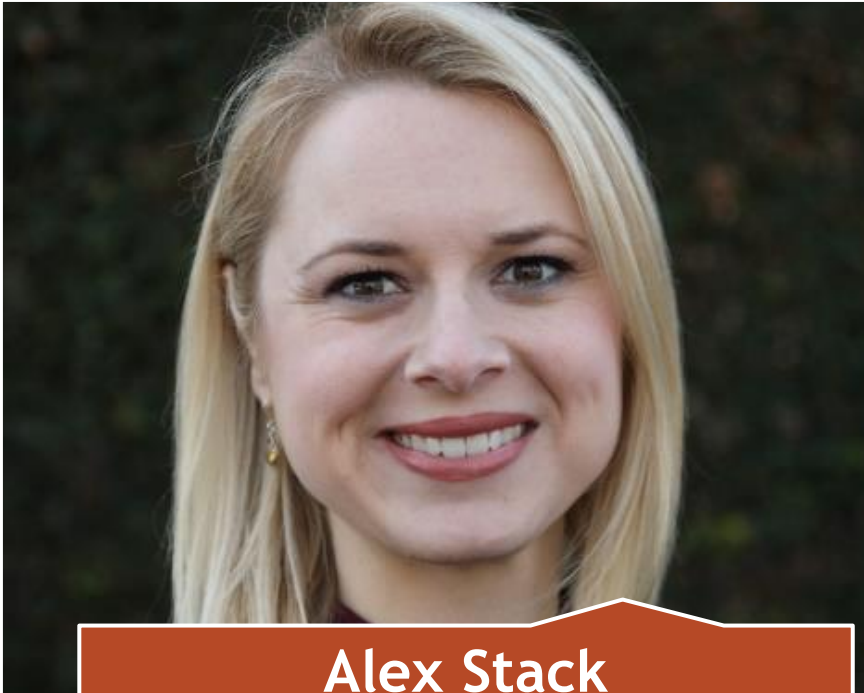


Meeting Objectives

- **Assessed** which components of the Opioid Management Hospital Self-Assessment you need clarity on.
- **Answered** any questions you might have about what, when, why, how regarding the Opioid Management Hospital Self-Assessment process and 2020 Opioid Care Honor Roll.



Facilitators



Alex Stack

Director, Programs &
Strategic Initiatives, CHC



Aimee Moulin

Co-Director
CA Bridge



CHAT / UNMUTE:
What questions do you have?

The Opioid Management Hospital Self-Assessment

Measurement & QI Tool for Opioid Care Honor Roll

Countdown!

To apply for the Opioid Care Honor Roll submit your Opioid Management Hospital Self-Assessment between

June 22, 2020 - October 9, 2020

18
Days left



In partnership with California Health & Human Services, will recognize honor roll awardees & participants by Dec 2020.

What Others Have Said



"My hospital is building a MAT dashboard to monitor our treatment of OUD. Also, we are implementing system-wide stigma reduction training!! This is 100% in response to the Opioid Care Honor Roll." -- UC Davis Health, 2019 Opioid Care Honor Roll Participant

Opioid Care Honor Roll Background

The Opioid Care Honor Roll & webinar series was launched in 2019 to accelerate & recognize progress



No standardized opioid stewardship measure set?



Collaboratively developed the Opioid Management Hospital Self-Assessment



Measures 4 domains of care; holistic approach



2019 pilot year



First official Honor Roll announcement in 2020!!

Applying for the Opioid Care Honor Roll

Download the [Opioid Management Hospital Self-Assessment](#)

Review & complete as a team. Block off 1 to 2 hours on your calendar. Be sure to save a copy of your answers.

Submit your results to us via [SurveyMonkey](#). At a minimum just need your results. All other info is optional to provide.

Congratulate yourself a on job well done!

4 Domains of Care

Measure	Level 1 <i>Basic Mgmt.</i> (1 pt)	Level 2 <i>Hospital Wide Standards</i> (2 pts)	Level 3 <i>Integration & Innovation</i> (3 pts)	Level 4 <i>Practice Improvement</i> (4 pts)
Safe & Effective Opioid Use <ul style="list-style-type: none">• Appropriate opioid discharge 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">• Medication Assisted Treatment (MAT)• Timely follow up care		Cross-cutting Opioid Management Best Practices <ul style="list-style-type: none">• Organizational infrastructure• Address stigma with physicians & staff• Patient & family engagement		

Source: [Opioid Management Hospital Self-Assessment](#)

Example 1

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>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>
Alternatives to Opioids for Pain Management Use an evidence based, multi-modal, non-opioid approach to analgesia for patients with acute and chronic pain. Components of a multi-modal, non-opioid analgesic program should address the following: <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 (ALTO Protocol). 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.) 	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.)	Developed and implemented a non-opioid analgesic multi-modal pain management guidelines in the Emergency Department AND one Inpatient Unit (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)	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.	Your hospital is actively monitoring & developing strategies to improve use of alternatives to opioids for pain management e.g. adherence to guidelines, rate of use of alternatives to opioids by service line, etc.
		Hospital offers at least at least 1 non-pharmacologic alternative for pain management	Aligned standard order sets with non-opioid analgesic, multi-modal pain management program (e.g. changes to EHR order sets, set order favorites by provider, etc.)	Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, & goal.
Briefly describe the steps your hospital has taken to promote the use of alternatives to opioids for pain management.				

- Scenario: Hospital offers alternatives to opioids in one inpatient unit, and each patient gets a comfort pack upon check in. (Level 1)
- EC: # of headache patients who received alternatives to opioids as a first line/all headache patients, Sept 2019 - Aug 2020, goal = 80%

Example 2

Identification & Treatment				
Measure	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>
<p>Timely follow up care</p> <p>Hospital coordinates follow up care for patients initiating 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 at discharge 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 (e.g. primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, etc.)</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>Hospital provides support to select practitioners* in the ED and IP units to obtain X-waiver (coordinates free training opportunities, supports application process, utilizes grant funds to cover training cost, provides protected time, bonus opportunity, etc. in alignment with your hospital's employment model)</p>	<p>Your hospital is actively monitoring & developing strategies to improve 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? Please include measure name, numerator/denominator, date range, & goal.</p>
Briefly describe the steps your hospital has taken to ensure patients on MAT have access to timely follow up care.				

- Scenario: Hospital provides substance use navigation since Jan 2020, follow up with all patients within 5 days post discharge, and 3 additional ED providers have obtained the x-waiver. (Level 4)
- EC: # of SUD patients receiving OP F/U care/ all SUD patients, Jan - Aug 2020, goal = 65%

Example 3

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>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>
Naloxone education and distribution program Provide naloxone prescriptions and education to all patients, families, caregivers and friends discharged with an opioid prescription and/or at risk of overdose. *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	Identify overdose prevention resources within hospital, health system, and community (e.g. training programs, community access points, low/no-cost options, community pharmacies with naloxone on hand, community coalitions, California Naloxone Distribution Program, etc.)	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.)	Standing order in place allowing approved staff* to educate and distribute naloxone in hand to all patients, caregivers, at no cost while in the hospital setting under the California Naloxone Distribution Program; this should be an ED led process in collaboration with pharmacy	Your hospital is actively monitoring & developing strategies to improve 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.
				Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, & goal.
Briefly describe the steps your hospital has taken to prevent opioid overdose deaths.				
				Extra Credit (1 pt.) Your hospital is actively monitoring & improving overdose prevention strategies using social determinants of health data

- Scenario: Hospital has a standard process in place for prescribing naloxone for patients receiving a long-term opioid prescription at discharge & provides training on how to use it. All patients receive information on community overdose prevention resources. (Level 2)
- EC: # patients with naloxone Rx/ all patients with opioid Rx, Sept 2019 - Aug 2020, goal = 90%

Example 4

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>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>
Address stigma with physicians and staff 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, trauma informed care, harm reduction principles, motivational interviewing across all departments to facilitate disease recognition and the use of non-stigmatizing language/behaviors.	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 annual competencies, etc.)	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. Extra Credit (1 pt.) Regularly assess perceived & internalized opioid related stigma & knowledge of OUD treatment in providers and staff	Trains appropriate providers and staff on, some combination of, the medical model of addiction, harm reduction principles, motivational interviewing and how to provide trauma informed care to normalize opioid use disorder & treatment (e.g. M&M, lunch and learns, CME requirements, RN annual competencies, etc.	Your hospital is actively monitoring & developing strategies to reduce provider/staff stigma toward opioid addiction e.g. provider prescribing patterns, number of patients identified with OUD, etc. Provides targeted follow up and support to providers and staff based on performance Extra Credit (1 pt.) For one measure what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, & goal.
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.				

- Scenario: Hospital provides general information on the opioid epidemic and hospital processes to all staff as part of annual competencies. (Level 0 or Level 1)
- EC: # of patients prescribed bup. for OUD/all OUD patients, Mar - Aug 2020, goal = 85%

In Summary

- ▶ Apply by Oct. 9!!
- ▶ Root yourself in the spirit of the question and don't overthink your answers. More important to be consistent in your answers year over year.
- ▶ Must score at least 1 point in each of the 4 domains of care to be considered for the Honor Roll; exact threshold TBD.
- ▶ All hospitals will be recognized with special recognition for Honor Roll hospitals.
- ▶ Great way to accelerate and recognize your work and commitment to addressing the opioid epidemic.



CHAT / UNMUTE:
What questions do you have?

Q&A

What questions do you have?



CHAT / UNMUTE:
What questions do you have?

Frequently Asked Questions

Do I need to apply every year?

- Yes! The self-assessments change year over year.

What if I can't remember our 2019 results?

- Email Alex Stack @ astack@cynosurehealth.org for a copy of your results.

What I don't think I can make the 2020 Honor Roll?

- Apply any way. Great way to track progress & will receive recognition for participating in the Honor Roll program.

Frequently Asked Questions

When will the results get published?

- By Dec. 2020 via press release in partnership with California Health & Human Services.

What steps can I take to improve my opioid stewardship program?

- Prioritize QI efforts, attend one of our webinars, access our resource library, reach out to peers, join a collaborative, etc.

Where are you taking the program in 2021?

- Broaden the program to include SUD, behavioral health, and health equity.



CHAT/UNMUTE:
What questions do you have?



POLL:
What do you want to learn more
about in 2021?

Honor Roll Questions? Need Help?

Join our Drop-In Office Hours!

Oct 6

Zoom meeting [link](#)

- Meeting ID: 890 8282 3056
- Passcode: 1129#

No registration
required - see
zoom details.



Questions?

Alex Stack

Director, Projects & Strategic
Initiatives

Cal Hospital Compare

astack@cynosurehealth.org

Aimee Moulin

Co-Director

CA BRIDGE

aimee@bridgetotreatment.org

Resources & Follow Up Materials

Learn more about
the Opioid Care
Honor Roll



Find Hospitals About Programs Choosing Hospitals My Hospitals



Opioid Care Honor Roll

Print Share this

Programs

Maternity Care Honor Roll

Opioid Care Honor Roll

Opioid Resource Library

Patient Safety Honor Roll

Opioid Care Honor Roll

Register for the 2020 Opioid Care Honor Roll Webinar Series!

In 2019, Cal Hospital Compare (CHC) launched the Opioid Care Honor Roll Program to help address the ongoing crisis. According to state data, nearly 2,200 Californians died of an opioid-related overdose in 2017. Patients with opioid use disorder are frequently hospitalized or visit the emergency department due to complications of the condition without also receiving treatment for the underlying disease of opioid addiction. This is a missed opportunity and leaves patients untreated and at high risk of future overdose. In this pilot year of the program, 60 hospitals voluntarily reported their progress on addressing the opioid crisis. While results show that all participating hospitals are making progress, it's

Programs

Maternity Care Honor Roll

Opioid Care Honor Roll

Opioid Resource Library

Patient Safety Honor Roll

Check out our
Opioid Resource
Library

Opioid Resource Library

As part of our work to address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths we've amassed a collection of practical, evidence-based resources. Many of these resources have been developed by California hospitals and opioid coalitions. In the spirit of peer learning these resources are publicly available here. Embedded within this resource library you will also find tools to actively engage patients, families, and friends in appropriate opioid use. If you have any questions and/or would like to share a resource that has helped your hospital in addressing the opioid crisis please contact Alex Stack, Director at astack@cynosurehealth.org.

1. Foundational resources

Our short list of must-read resources for all hospitals, at any state in their journey, aiming to change the way they provide opioid care in service of reducing opioid use disorder (OUD) related deaths and increasing access to treatment for all.

6. Webinar Series Resources

a. Access slides, recordings, and other related resources here for the 2019 & 2020 Opioid Care Honor Roll Webinar Series

- Addressing California's Opioid Epidemic – Introducing the Opioid Care Honor Roll (May 9, 2019)

Show Resources

- Beyond adopting prescribing guidelines: monitoring and strengthening the prescribing patterns of clinicians (Jun 6, 2019)

Show Resources

- Initiating MAT in the hospital: Unique aspects from the ED and inpatient settings (Jul 10, 2019)

Show Resources

- The nuts and bolts of dispensing naloxone to high-risk patients and their support systems (Aug 27, 2019)

Source: [Cal Hospital Compare Website > Programs](#)

Thank you!