

2021 OPIOID CARE HONOR ROLL LAUNCH!

June 23, 2021

1:00 - 1:45 PM Pacific Time

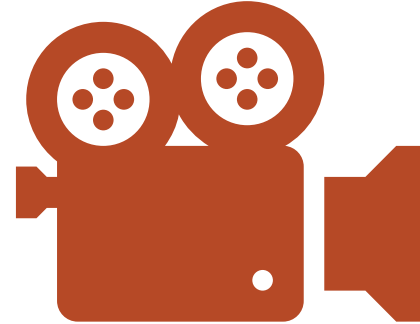


Opioid Care Honor Roll 2021

Using Zoom Meeting Platform



CHAT in your
questions/comments



Webinar is being
RECORDED



Please
MUTE/UNMUTE your
line as needed



DOWNLOAD resources



Meeting Objectives

1

Celebrate the
Opioid Care Honor
Roll!

2

Identify changes
made to the 2021
Opioid Management
Hospital Self-
Assessment

3

Discuss how to
apply

4

Answer any
questions you might
have



Facilitators



Alex Stack
Director, Programs &
Strategic Initiatives, CHC

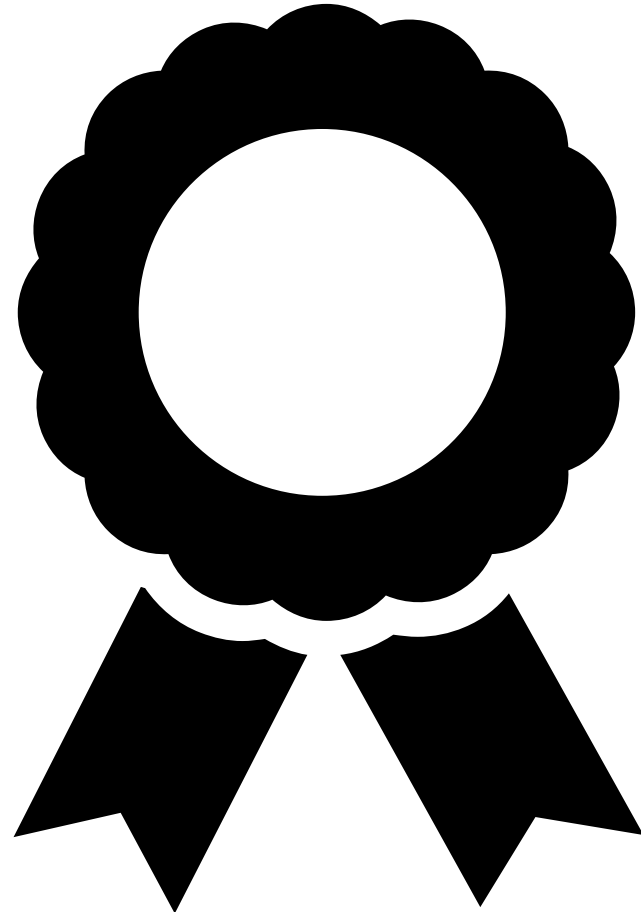


Aimee Moulin
Co-Director
CA Bridge

Opioid Care Honor Roll Program

Programmatic Goals

- ▶ Activate hospitals to **accelerate** care redesign in service of reducing OUD related deaths
- ▶ **Recognize** hospitals for their performance & commitment to this effort
- ▶ Create the space for **quality improvement** & the sharing of best practices



Background

2019 (pilot year)

Launched the Opioid Care Honor Roll & webinar series
Collaboratively developed the Opioid Management Hospital Self-Assessment
Focused on process & structural measures
Recognized all hospitals for participating

2020

Raised the bar!
Introduced resource library
Addressed stigma, health equity, & how to keep going amidst COVID
90 hospitals participated with 25 making the honor roll

2021

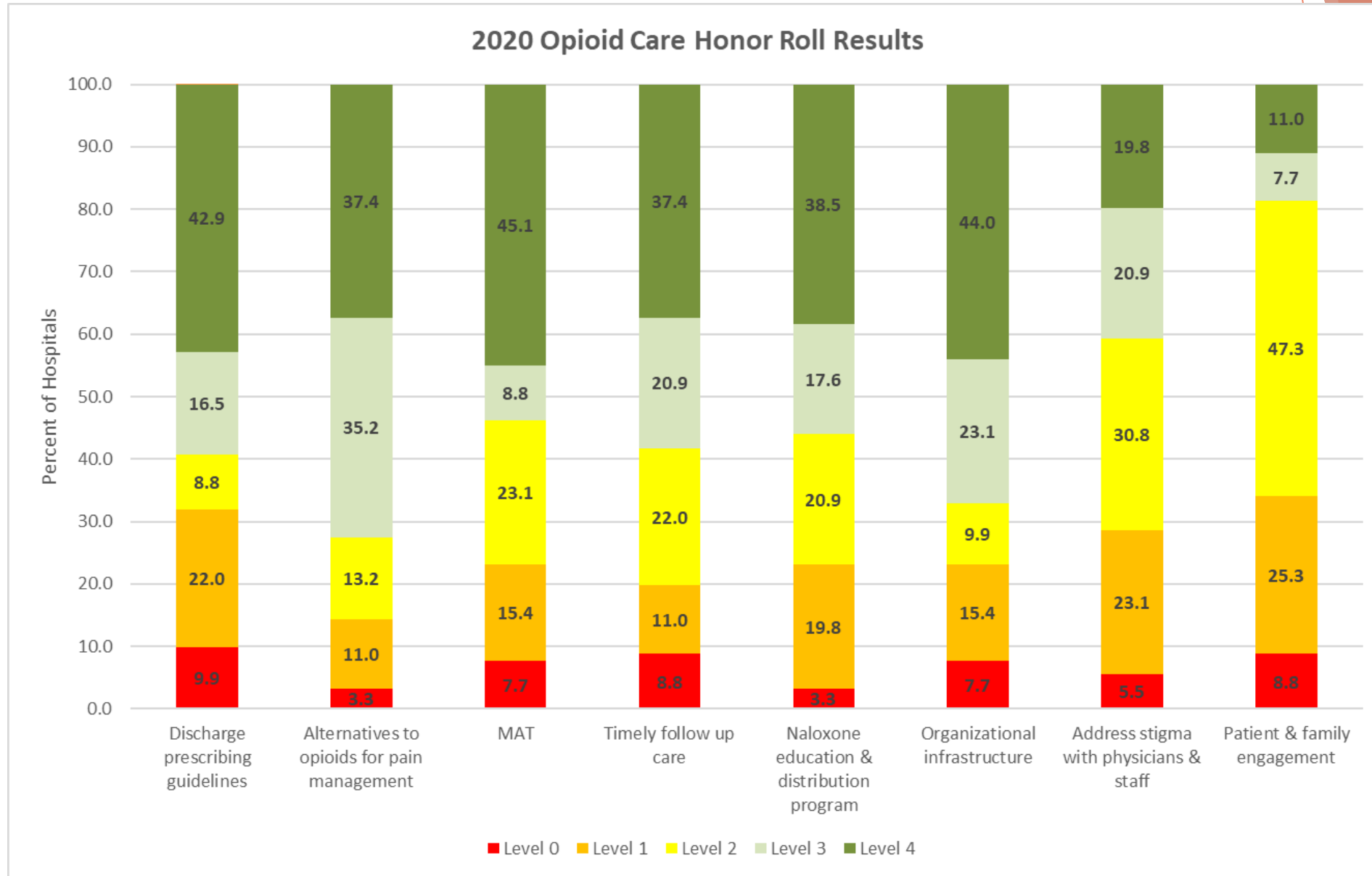
Spread & scale learnings
Scan the measurement & SUD landscape



LET'S

Celebrate!

CA is making progress!



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

Hear from peers

Erin Bess

Clinical Pharmacist-Pain Management
Antelope Valley Hospital

Kevin Ku, DO

Internal Medicine Hospitalist Clinical Instructor
Inpatient Substance Use Disorder Physician Lead
Santa Clara Valley Medical Center

Opioid Management Hospital Self-Assessment

2021 Opioid Care Honor Roll

4 Domains of Care

Measure	Level 0 <i>Getting Started</i> (0 pt)	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](#)

2021 updates

Safe & Effective Opioid Use						
Measure	Level 0 (0 pt.) <i>Getting started</i>	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>	Score
<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, and family set expectations regarding pain management • Limit benzodiazepine and opioid co-prescribing • For opioid naïve patients: <ul style="list-style-type: none"> ○ Limit initial prescription (e.g., <5 days) ○ Use immediate release vs. long acting • For patients on opioids for chronic pain: <ul style="list-style-type: none"> ○ For acute pain, prescribe short acting opioids sparingly ○ Avoid providing opioid prescriptions for patients receiving medications from another provider 	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines in 1 service line, the Emergency Department OR 1 Inpatient Unit (e.g., Burn Care, General Medicine, Behavioral Health, OB, Cardiology, etc.)</p>	<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 hospital wide opioid discharge prescribing guidelines</p>	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines for surgical patients in at least one surgical specialty as part of an Enhanced Recovery After Surgery (ERAS) program</p>	<p>Your hospital is actively measuring and developing strategies to improve appropriate opioid prescribing at discharge</p> <p><i>Optional: Select one related measure that your hospital is already reporting on and provide the measure name, numerator and denominator specifications, and any inclusion/exclusion criteria (see measurement guide for list of suggested measures)</i></p>	

2021 updates

2021 Opioid Management Hospital Self-Assessment Results

Measures	Score
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Safe & effective opioid use

Appropriate opioid use

Open ended responses:

Briefly describe the steps your hospital has taken to improve opioid stewardship across the 4 domains assessed in the 2021 Opioid Management Hospital Self-Assessment.

What would you like to learn more about in 2022 that would help you to close a gap in your work?

What else do you want us to know?

Organizational infrastructure	
Address stigma with physicians and staff	
Patient and family engagement	
Addressing substance use disorder (OPTIONAL: Progress in this domain does not count toward the 2021 Opioid Care Honor Roll)	NA
“Hon-rolled” a friend Share the Opioid Care Honor Roll opportunity with another hospital that did not participate in 2020. If they apply for the 2021 Opioid Care Honor Roll you both get 1 additional point.	Provide hospital name(s)
Total score (out of 32 points)	



Example 1

Safe & Effective Opioid Use					
Measure	Level 0 (0 pt.) <i>Getting started</i>	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>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>Guidelines should address the following:</p> <ul style="list-style-type: none"> Utilize non-opioid approaches as first line therapy for pain while recognizing it is not the solution to all pain Provide pharmacologic alternatives (e.g., NSAIDs, Tylenol, Toradol, Lidocaine patches, muscle relaxant medication, Ketamine, medications for neuropathic pain, nerve blocks, etc.) Offer 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.) Provide care guidelines for common acute 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 	<p>Your hospital does not have a standardized approach to providing alternatives to opioids for pain management</p>	<p>Developed and implemented a non-opioid analgesic multi-modal pain management in the Emergency Department OR 1 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 guideline in the Emergency Department AND 1 Inpatient Unit (e.g., Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital offers at least at least 1 non-pharmacologic alternative for pain management</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, etc.)</p> <p>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.)</p>	<p>Your hospital is actively measuring and developing strategies to improve use of opioid alternatives for pain management</p> <p><i>Optional: Select one related measure that your hospital is already reporting on and provide the measure name</i></p> <p>nur den spe any exc (see gui sug me</p>

Scenario: Hospital offers alternatives to opioids in one inpatient unit, and each patient gets a comfort pack upon check in. (Level 1)

Example 2

Identification & Treatment

Measure	Level 0 (0 pt.) <i>Getting started</i>	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 buprenorphine at discharge under the Drug Addiction Treatment Act of 2000 (DATA 2000). As of 2021 for providers treating ≤ 30 patients the X-waiver education requirement is waived.</p> <p>If hospital <u>does not</u> have X-waivered providers:</p> <ul style="list-style-type: none"> • Providers may 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>Hospital identifies X-waivered providers within the hospital and/or within the community</p> <p>Provides list of community-based resources for follow up care to patients, family, caregivers, and friends (e.g., primary care, outpatient clinics, outpatient treatment programs, telehealth treatment providers, etc.)</p>	<p>Hospital provides support to practitioners* in the ED and IP units to obtain X-waiver (e.g., provides education on changes to x-waiver education requirement, supports application process, education on how to use buprenorphine, hospital's process for providing MAT, etc.)</p> <p>Hospital is actively building relationships and coordinating with post-acute services to support care transitions</p>	<p>Hospital has an agreement in place with at least one community provider to provide timely follow up care</p>	<p>Actively refer MAT and 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 measuring and developing strategies to improve patient access to timely follow up care</p>

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. Hospital actively collects and reviews data. (Level 4)

Example 3

Overdose prevention					
Measure	Level 0 (0 pt.) <i>Getting started</i>	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>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 include 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>Hospital does not engage in overdose prevention strategies</p>	<p>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.)</p>	<p>Standard workflow for MDs and physician extenders in place for providing naloxone prescription at discharge for patients with a long-term 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 appropriate opioid prescriptions, and/or referral to low or no cost distribution centers, etc.)</p>	<p>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 program in collaboration with pharmacy (see CA BRIDGE Guide to Naloxone Distribution for details)</p>	<p>Your hospital is actively measuring and developing strategies to improve access to naloxone</p>

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)

Example 4

Cross Cutting Opioid Management Best Practices					
Measure	Level 0 (0 pt.) <i>Getting started</i>	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>Address stigma with physicians and staff</p> <p>Hospital culture is welcoming and does not stigmatize substance misuse. Hospital actively addresses stigma through the education and promotion of the medical model of addiction, trauma informed care, harm reduction principles including, motivational interviewing across all departments to facilitate disease recognition and the use of non-stigmatizing language/behaviors (e.g., words matter).</p>	<p>Hospital does not address stigma with physicians and staff</p>	<p>Provides passive, general education on hospital opioid prescribing guidelines in at least 2 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.)</p>	<p>Provides point of care decision making support (e.g., MME flag for providers, 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>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 and treatment (e.g., M&M, lunch and learns, CME requirements, RN annual competencies, etc.)</p> <p>Regularly assesses stigma among providers and staff (e.g., audit of existing materials for stigmatizing language - internal documentation, forms, brochures, signs, annual survey, focus groups, focused leader rounding, etc.)</p>	<p>Your hospital is actively measuring and developing strategies to address physician and staff stigma towards OUD patients</p> <p><i>Optional: Select one related measure that your hospital is already reporting on and provide the measure name, numerator and denominator specifications, and any inclusion/exclusion criteria (see measurement guide for list of suggested measures)</i></p>

- 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)

2021 Application Process (Jan - Mar 2022)

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.

Jan - Mar 2022
submit your results to us. All other info is optional to provide.

Process TBD.

Celebrate!

In partnership with California Health & Human Services, CHC will recognize honor roll awardees & participants by Jun 2022.



Recognition

Superior Performance

- Hospital scores at least **27 points** ($\geq 75^{\text{th}}$ percentile)

Excellent progress

- Hospital scores **between 21 and 26 points** ($\geq 50^{\text{th}}$ percentile and $\leq 74^{\text{th}}$ percentile)

Most Improved

- TBD

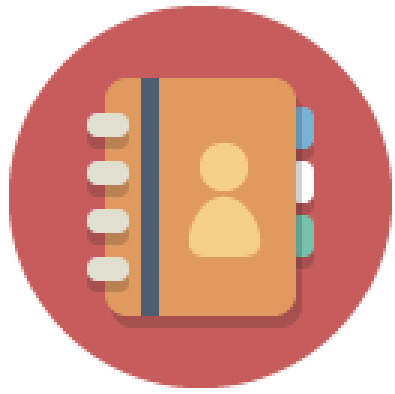
Hospitals can achieve up to 32 points and must score at least 1 point in each of the 4 domains of care to be considered for the honor roll.

Q&A

What questions do you have?

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





Questions?

Alex Stack

Director, Projects & Strategic
Initiatives

Cal Hospital Compare

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Aimee Moulin

Co-Director

CA BRIDGE

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Timeline

- ▶ **July & August 2021: Access NEW On-Demand Resources**
 - ▶ Throughout the summer we will release several virtual, on-demand resources such as videos for physicians on how to navigate the new x-waiver requirements and prescribing buprenorphine 101, podcasts offerings guidance on how to measure progress, and case studies/templates of how other hospitals have done this work.
- ▶ **September, October & November 2021: Highlighting Bright Spots (45 min.)**
 - ▶ Wednesday, Sep 22, 2021, 1:00 PM PT - Learn how other CA hospitals have accelerated their opioid stewardship programs. Register [here](#).
 - ▶ Friday, October 22, 2021, 10:00 AM PT - Addressing stigma and OUD. Register: [here](#)
 - ▶ Wednesday, Nov 17, 2021, 10:30 AM PT - What else do you want to know? Register: [here](#)
- ▶ **December 2021 & January 2022: Office Hours (30 min.)**
 - ▶ Friday, Dec 10, 2021, 10:00 AM PT. Register [here](#).
 - ▶ Thursday, Jan 27, 2022, 12:00 PM PT. Register [here](#).
- ▶ **January 1 to March 30, 2022: Apply for the 2021 Opioid Care Honor Roll**

Resources & Follow Up Materials

Learn more & download your copy of the [Opioid Management Hospital Self-Assessment](#)



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.

2. Webinar Series Resources

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 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!