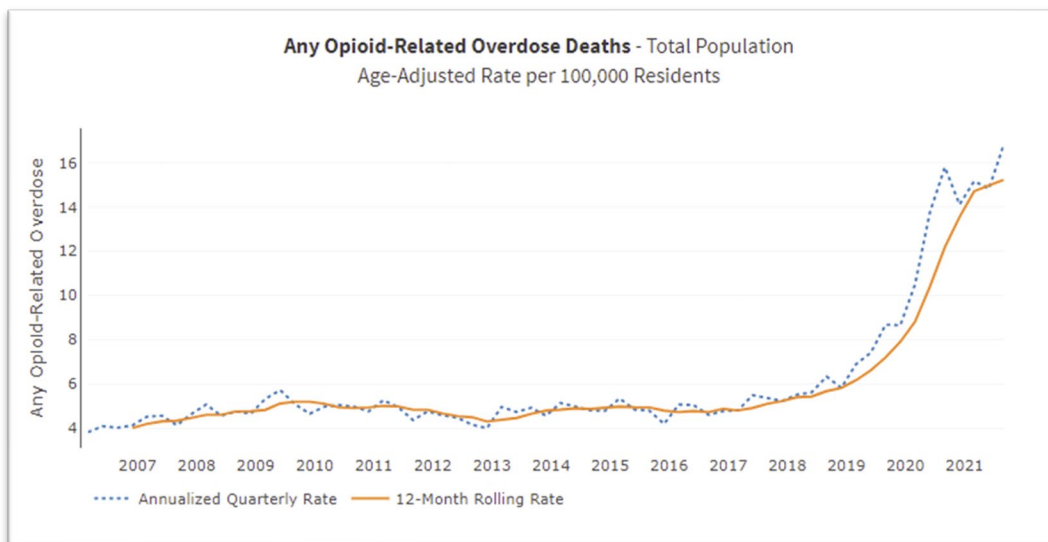


# Emerging trends in opioid care across California’s hospitals

## Reflections on the 2021 Opioid Care Honor Roll Program

### Intro

As the opioid crisis moves from a predominant prescription drug epidemic to a fentanyl epidemic, active treatment and harm prevention strategies are also evolving. While implementing new practices and approaches is important, it is also crucial to sustain and even expand existing effective approaches to address the overall crisis. For example, prevention of new patients utilizing unwarranted amounts of opioids remains critical, early initiation of Medication Assisted Treatment (MAT), dispensing naloxone to high-risk patients, their families/partners/caregivers and in any other location where opioid overdose reversal is life-saving, and destigmatizing care for patients with Opioid Use Disorder (OUD) are still foundational to managing the crisis. Yet, in the face of an expanding use of previously effective strategies, opioid overdose fatalities continue to rise.



**Figure 1:** Any Opioid-Related Overdose Deaths in California (Total Population, Age-Adjusted Rate per 100,000 Residents). Source: [California Overdose Surveillance Dashboard](#)

Hospitals and Emergency Departments continue to serve an important role addressing OUD. Because of their 24-hour availability they are the ultimate “safety net” for patients with OUD. This touchpoint is also a “reachable moment” for many patients — an opportunity for providers at California hospitals to help reduce chronic opioid use and future overdose deaths by offering evidence-based care, effective alternative pain management approaches, addiction treatment, overdose prevention, and other harm reduction services.

Many people with OUD also have co-occurring [mental health issues and other substance use disorders \(SUDs\)](#). Without a doubt the uncertainty and isolation brought on by COVID-19 has exacerbated mental health issues for many. The trifecta of opioid use, stimulant use, and behavioral co-morbidities means hospitals must launch and/or refine their opioid prescribing practices, and harm reduction programs to

meet the changing needs of their patients. This is most evident in rural communities where opioid treatment, harm reduction, and behavioral health resources are scarce.

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*Cal Hospital Compare's Opioid Care Honor Roll program provides visibility into where California hospitals are succeeding in treating patients with OUD as well as quality improvement challenges, both existing and emerging.*

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## Recognizing hospital progress

Starting in 2019, to accelerate hospital progress in building systems to more appropriately treat patients with pain and/or OUD, Cal Hospital Compare has recognized hospitals through its [Opioid Care Honor Roll Program](#). The goal of this multi-year initiative is to reduce OUD and related deaths, increase access to addiction treatment for acute care patients, and recognize the progress of individual hospitals. The project is supported by the [California Health Care Foundation](#) and [California Bridge](#), a statewide program that provides hospitals technical assistance with OUD treatment. Because there are few standardized quality metrics for safely and effectively treating pain with opioids, Cal Hospital Compare developed the [Opioid Management Hospital Self-Assessment](#) tool to assess hospital progress in 4 key areas:

1. Prevent new chronic opioid starts, along with safe and effective pain management
2. Identify and treat OUD
3. Prevent overdoses, especially in high-risk patients
4. Address stigma and develop an overall culture of opioid care

The tool is both a measurement and benchmarking instrument, and a road map of proven strategies for change. The development of the initial tool was a multistakeholder, collaborative effort that took many months. Cal Hospital Compare continues to refine the tool year over year to keep pace with treatment changes, state and national trends, emerging measures, and evolving infrastructure such as electronically available data. So that hospitals can go further, faster Cal Hospital Compare has developed a publicly accessible [resource library](#) featuring materials that have been developed by participating hospitals. Resources range from prescribing guidelines, volunteer navigator job descriptions, to opioid stewardship committee charters.

## Bright spots in OUD care

Over 100 California hospitals participated in the 2021 Opioid Care Honor Roll program. The participating hospitals represent a third of all adult, acute care hospitals in California and the program is growing with additional participating hospitals year over year. Participants reflect a diverse cross section of all California hospitals across rural, urban, and academic care settings. Participation alone serves as a signal to California's healthcare community that these hospitals are actively accelerating and strengthening their opioid stewardship programs. This [fact sheet](#) provides additional information on

For more information on how hospitals are combating the opioid crisis, view our collection of case studies: [Bright Spots in OUD Care](#)

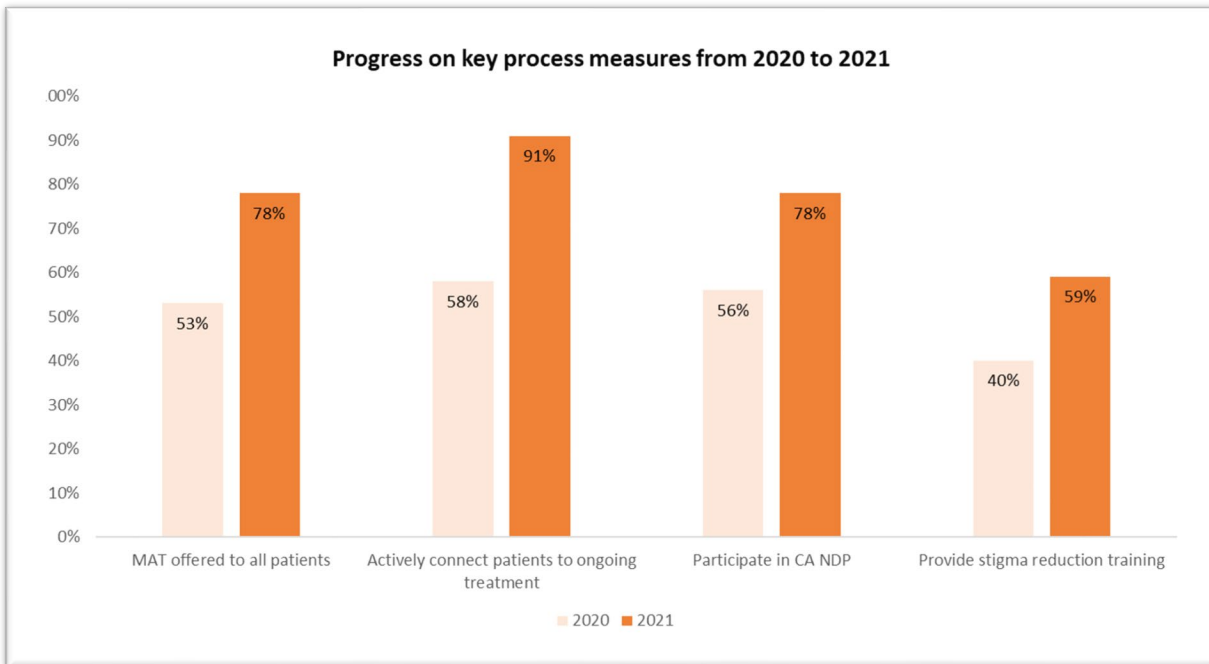
how these hospitals were recognized for their progress as part of the 2021 Opioid Care Honor Roll Program.

**2021 Results Snapshot:**

- 79% of participating hospitals have reduced inappropriate opioid prescriptions through the implementation of hospital wide discharge prescribing guidelines.
- 73% take a standardized, team-based approach to identify opioid alternatives for pain management in the ED and inpatient setting using evidence-based EHR order sets and consultative services (e.g., pharmacy, physical therapy, behavioral health).
- 66% include opioid stewardship in their annual strategic plan and participate in their local opioid coalition or learning collaborative.

The results show that many hospitals continue to improve combating the opioid crisis and strengthening treatment for OUD and effective pain management by adopting prescribing practices that reduce opioid use for patients discharged with acute pain, and by using multiple alternative approaches to pain management in the ED and inpatient settings. Success for many hospitals is likely due largely to “hard-wiring” these processes into the electronic medical record.

What was astonishing was the level of participating hospital progress, between 2020 and 2021, in the areas of initiating medication assisted treatment for OUD patients, connecting patients with ongoing treatment resources in the community, preventing overdoses by providing low or no-cost naloxone as part of [California’s Naloxone Distribution Project \(CA NDP\)](#), and addressing stigma with providers and staff.



**Figure 2:** Participating hospital progress on the Opioid Management Hospital Self-Assessment from 2020 to 2022; selected measures.

Success in these areas is much more nuanced and is likely driven by participation in the Opioid Care Honor Roll’s learning webinar series, the California Bridge program, normalization of treating OUD at the statewide level, and the general sharing of best practices within California and across other states.

## Going Further and Faster

Our experience with the program and the evolving nature of the crisis indicates four important strategies to drive success:

1. Grow the number of participating hospitals, especially in regions hardest hit from the crisis. Based on statewide data, additional recruiting of hospitals with high-risk OUD populations is a priority.
2. Using benchmarking and other collaborative methods, advance hospitals to higher, more sophisticated, and comprehensive levels of performance.
3. Promote anti-stigma best practices and create a more effective measurement system to evaluate progress.
4. Provide opportunities for hospitals to share and implement strategies to address co-occurring conditions and patients with multiple use disorders.

Every participating hospital expressed the desire to learn more about how to effectively treat the concurrent use of opioids and methamphetamines, additional ways to address the stigma of OUD among providers and staff, and how to effectively partner with patients to deliver safer and more equitable care. Cal Hospital Compare, in collaboration with its Opioid Care Honor Roll workgroup, will modify the current Opioid Management Hospital Self-Assessment tool to support hospitals in closing these care gaps. The 2023 Opioid Management Hospital Self-Assessment will measure progress between April 2022 – March 2023.

Cal Hospital Compare will continue to partner with California Bridge as they expand their work with hospitals through a Behavioral Health Navigator Program ([Bridge Navigator Program](#)), which will provide financial support and technical assistance to every hospital in California. Navigators, often with their own lived experience, are trained to provide equitable access to evidence-based care for all people experiencing SUD and mental illness. Navigators are designed to:

- Identify, screen, interview, and link patients with substance use disorder and co-occurring mental health conditions to appropriate treatment
- Educate providers about MAT
- Build a stigma-free environment that welcomes disclosure of substance use and provides rapid, evidence-based treatment
- Navigate patients with co-occurring mental health conditions to outpatient treatment

## Conclusion

It's appropriate that new methods are emerging to treat the fentanyl epidemic with innovative social services, re-engineered law enforcement approaches, and ambulatory health coaches. Even with these new strategies, hospitals and their associated emergency departments are vital to connecting and/or reconnecting individuals with SUD to comprehensive treatment programs. In some rural settings, the hospital and associated clinics is the major link where other non-healthcare resources may be more limited. Supporting hospitals to better understand and address their important role is a national imperative.