

Opioid Care Honor Roll

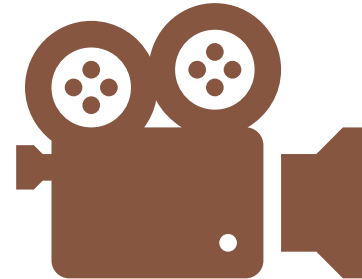
2023 PROGRAM

AUGUST 17, 2022

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 progress and share bright spots!

2

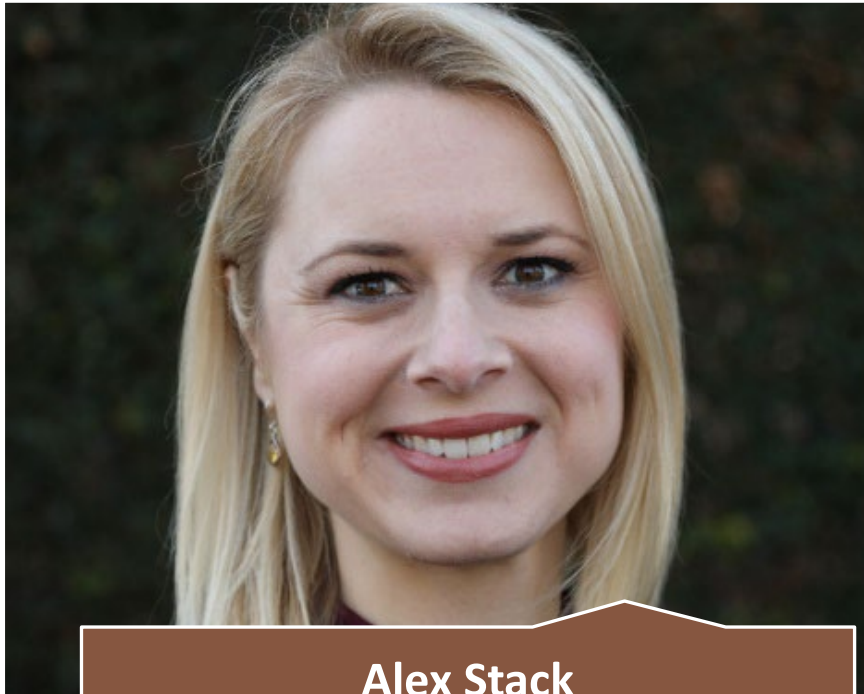
Review changes made to the 2023 Opioid Management Hospital Self-Assessment

3

Discuss how to apply and timeline



Facilitators



Alex Stack

Director, Programs & Strategic
Initiatives, CHC



Aimee Moulin

Co-Director
CA Bridge

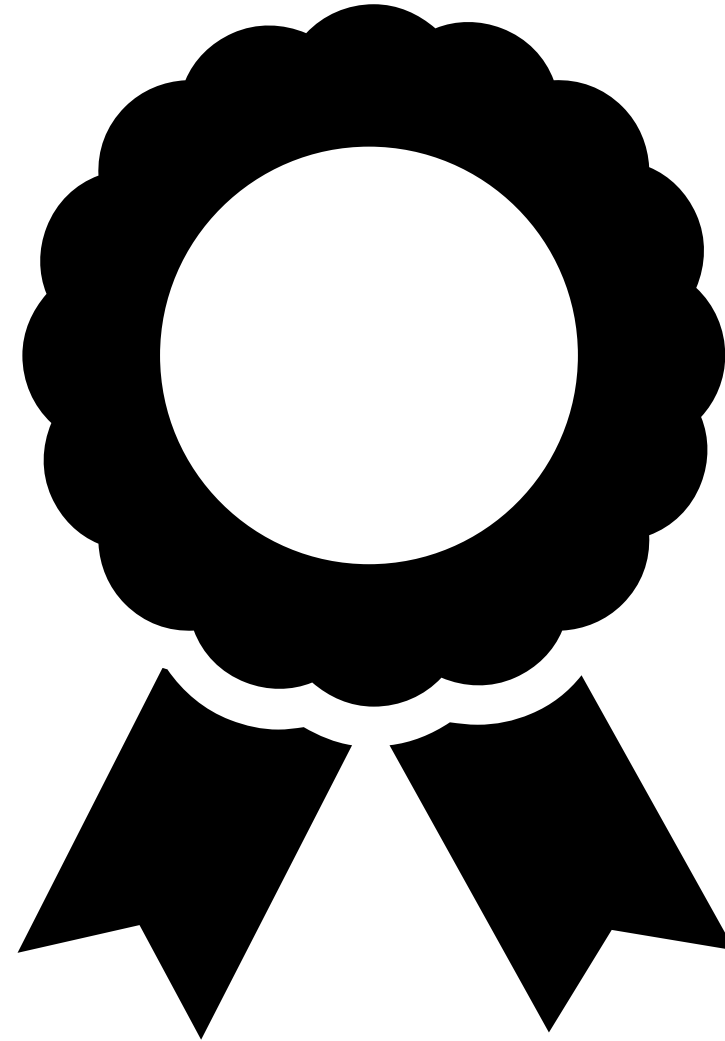


LET'S

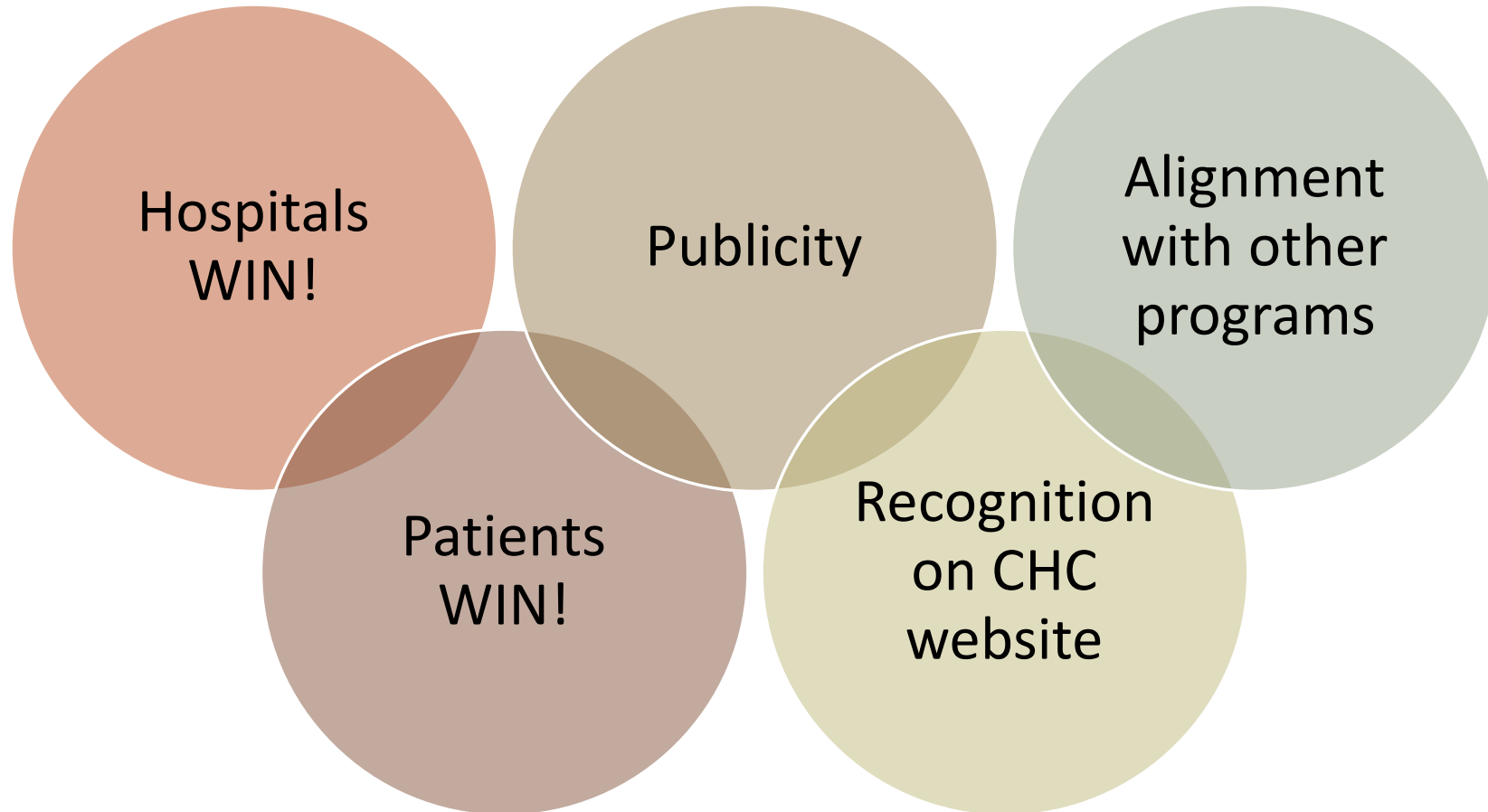
Celebrate!

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 by connecting hospitals to key resources



WIIFM



2021 Results



105 hospitals submitted their application!

Recognition Categories

Superior performance – hospital scores at least 27 points

Excellent progress – hospital scores between 21 and 26 points

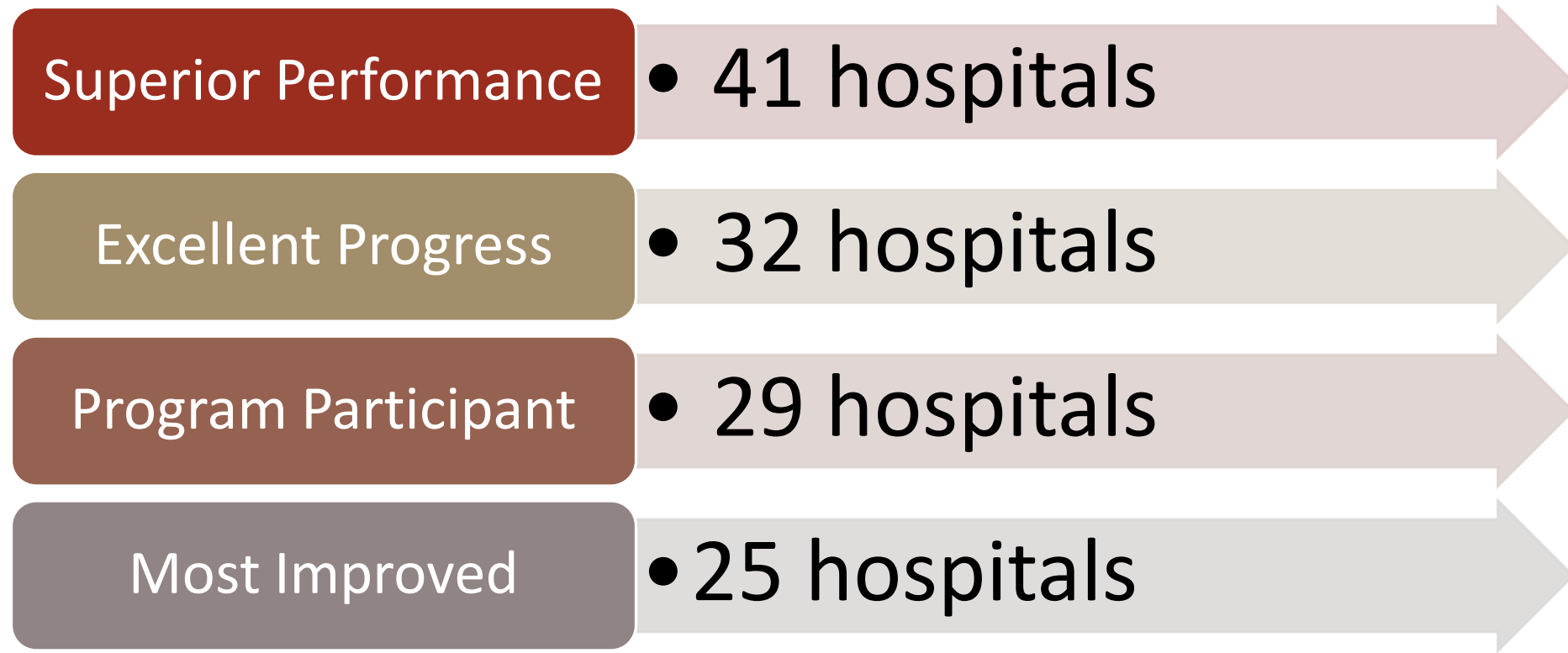
Participant – hospital scores between 0 and 20 points

Most improved – hospital improved ≥ 5 points from 2020 to 2021

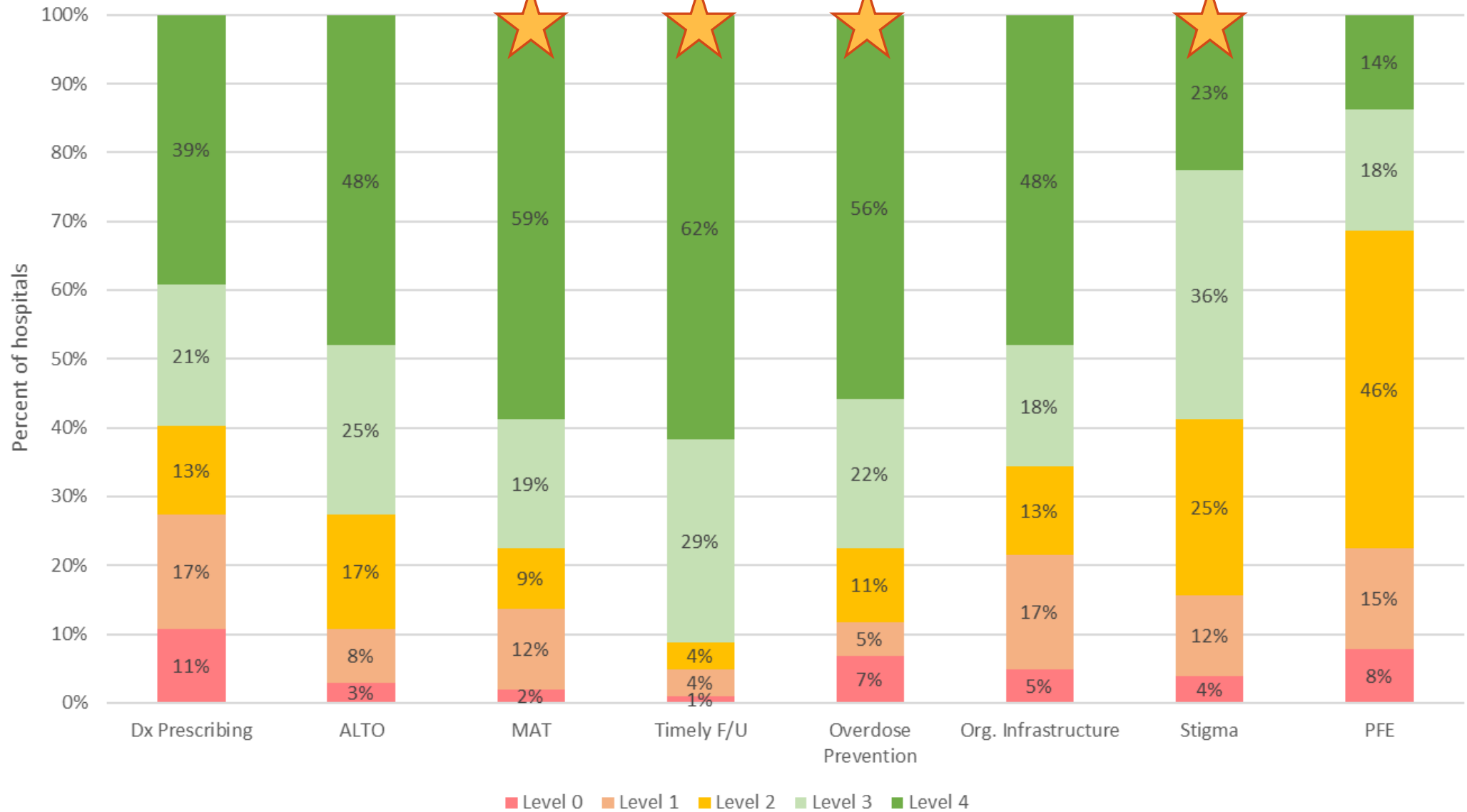
Quick stats

Category	# of hospitals	
	2021	2020
Submissions	101	91
Repeaters	69	46
New to the program	33	45
Attrition	22	14
CA BRIDGE sites	84	37

Breakdown



2021 Opioid Care Honor Roll Results Distribution of Levels by Question

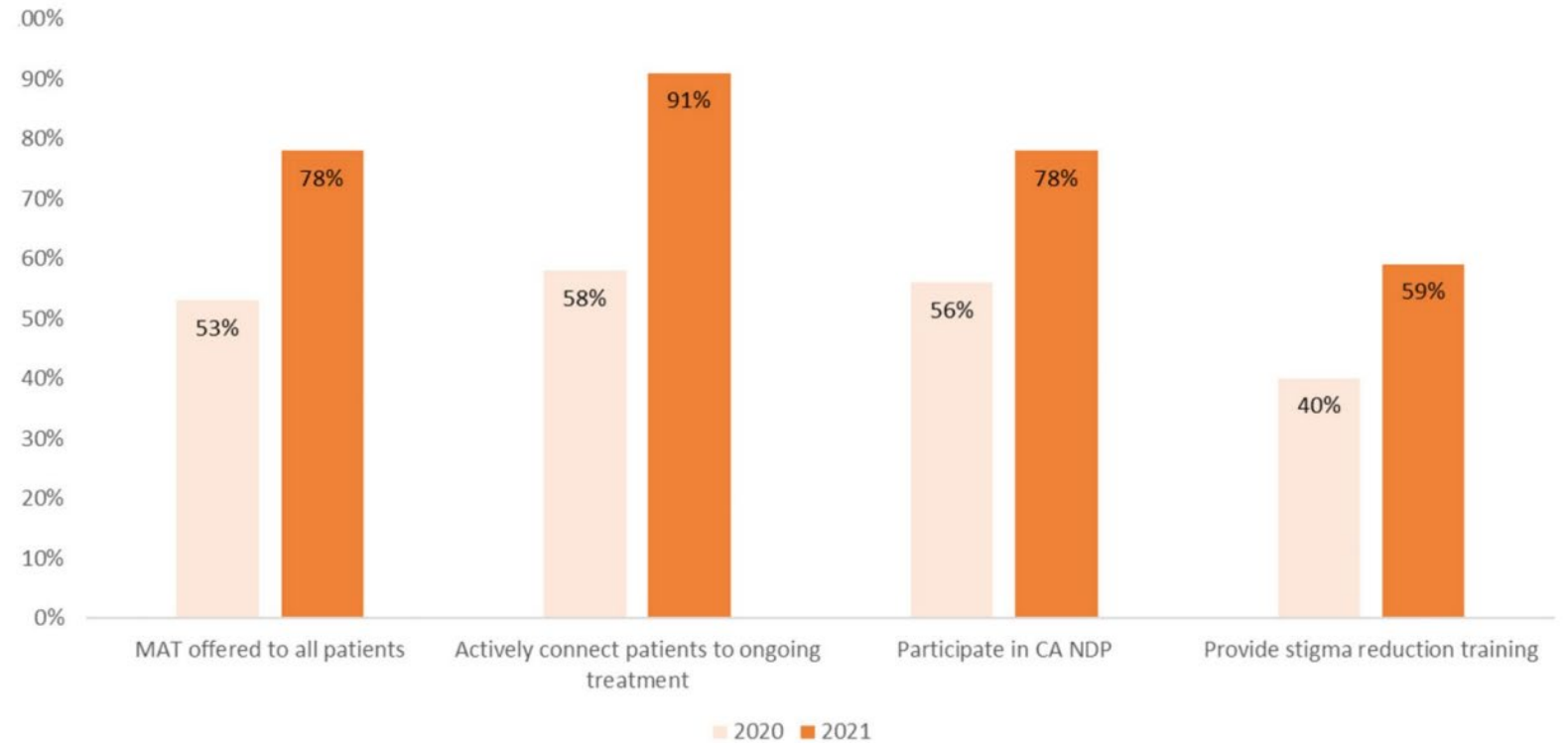


Engaging Hospitals in OUD

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 alternative 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.

Progress on key process measures from 2020 to 2021



Bright Spots in OUD Care

Contents

Medication Assisted Treatment.....

Overdose prevention

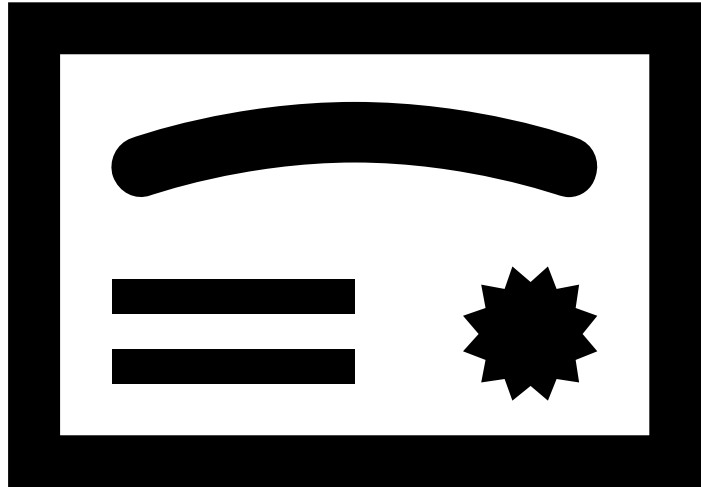
Addressing stigma with providers and staff.....

Patient and family engagement.....

List of Abbreviations.....

Patient and family engagement

- Since 2014, **Barton Health** has had an active PFAC. Their PFAC has been instrumental in helping the hospital meet the needs of their close-knit community. For example, the PFAC urged the hospital to become “baby friendly,” implement patient friendly billing practices, and has given invaluable feedback on a number of patient education materials from brochures on infection prevention, falls, and where to access naloxone. The hospital’s “Where can I find Narcan?” flyer, based on the PFAC’s feedback, includes simple language with pictures that illustrate the signs of an overdose and how to use the spray, information on when Narcan is helpful (e.g., Narcan can only reverse an opioid related overdose), and where to put the flyers so that they would be accessible to the people who need it most (e.g., libraries, high schools, and the hospital’s ED lobby).



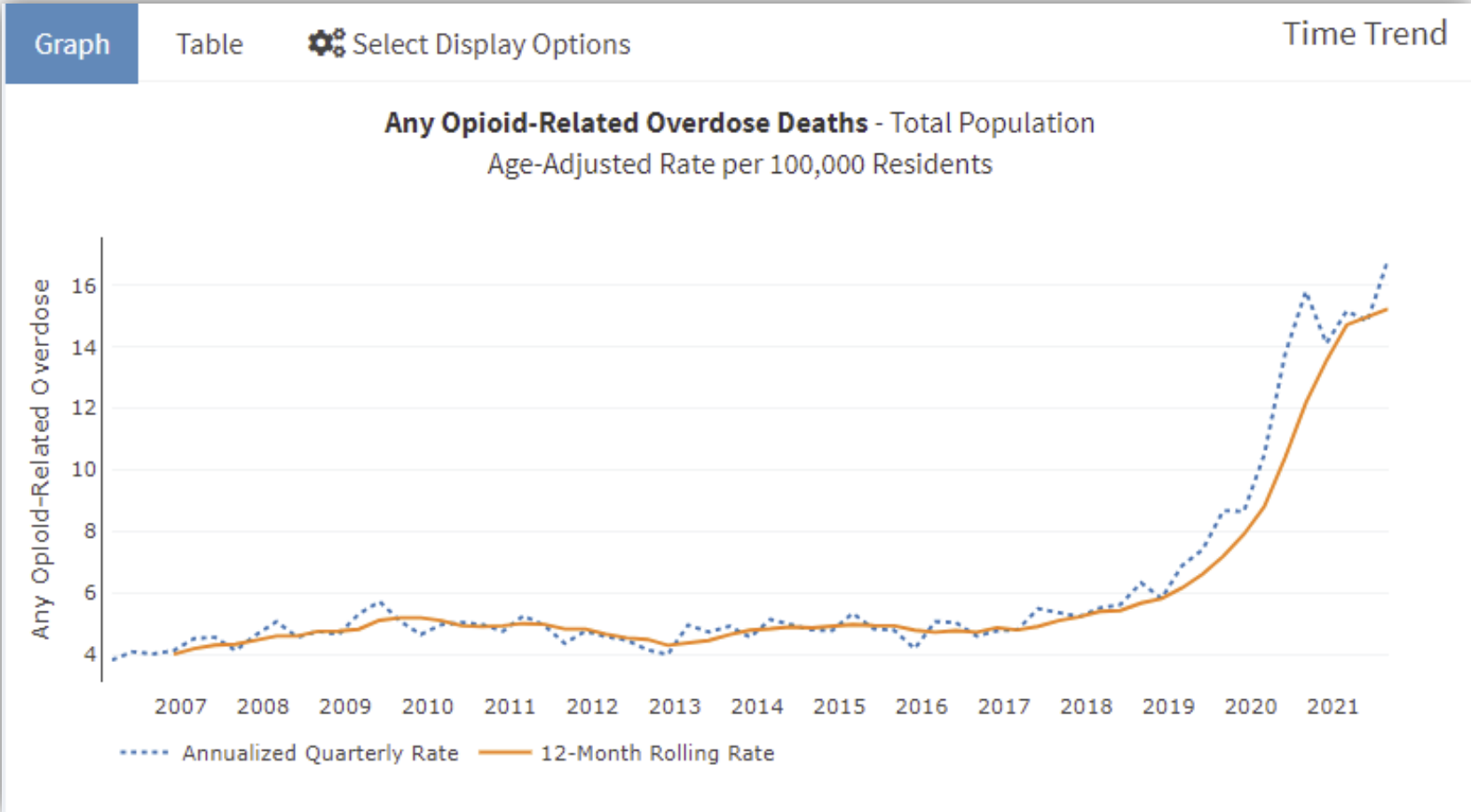
Press release
coming soon!



Opioid Management Hospital Self-Assessment

FOR THE 2023 OPIOID CARE HONOR ROLL

California is making progress but...



Source: [California Overdose Surveillance Dashboard](#), accessed June 14, 2022

4 Domains of Care

Safe &
effective
opioid use

Identification
& treatment

Overdose
prevention

Cross cutting
organizational
best practices

Opioid Management Hospital Self-Assessment

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)	Level 5 <i>Sustainability</i> (5 pts)
<p>Safe & Effective Opioid Use</p> <ul style="list-style-type: none"> • Appropriate opioid discharge prescribing guidelines • Alternatives to opioids for pain management 			<p>Overdose Prevention</p> <ul style="list-style-type: none"> • Naloxone education & distribution program • <i>Extra credit</i> for other harm reduction services 		
<p>Identification & Treatment</p> <ul style="list-style-type: none"> • Medication Assisted Treatment (MAT) • Timely follow up care 			<p>Cross-cutting Opioid Management Best Practices</p> <ul style="list-style-type: none"> • Organizational infrastructure • Address stigma with physicians & staff • Patient & family engagement 		
<p><i>Extra credit</i> for “hon-rolling” a friend</p>					

Refined the tool in key categories

Medication Assisted Treatment

- Importance of screening and treating youth

Organizational infrastructure

- Encourage hospitals prepare reporting opioid measures (PDMP & eCQM)
- Sustainability...how do hospitals know when they've met the target?

Overdose prevention

- Safe disposal – connect patients to community resources, include information in discharge packet, and/or become a designated take back site
- Access to fentanyl test strips
- Provide safe injection kits and/or connect patients to safe injection sites (CDPH clearinghouse available for kits)

Patient and family engagement

- Continued patient education on the safe use of opioids (naïve & chronic users), trajectory of pain management with special focus on elective surgeries and OB
- Spread awareness on risk of illicit fentanyl and treatment options
- Invite hospitals to collect patient reported outcomes

Identification and 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>	Level 5 (5 pts.) <i>Sustainability</i>
<p>Medication Assisted Treatment (MAT)</p> <p>Provide MAT for patients (adults and <u>youth</u>) identified as having 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, and/or in opioid withdrawal Treatment is accessible in the emergency department, and in all other hospital departments Treatment is provided rapidly (same day) and efficiently in response to patient needs Human interactions that build trust are integral to treatment <p>*Suggested guidelines on how to universally offer MAT to all patients:</p> <ul style="list-style-type: none"> Do <u>not</u> screen patients for OUD Do <u>not</u> ask patients if they are interested in MAT services; this may be time consuming for providers and stigmatizing for patients Do promote MAT services using signage in waiting and exam rooms, badge flare, and patient forms Do let patients know that their site offers MAT during the exam so that patients can choose to disclose whether and when they need support 	<p>Methadone and buprenorphine on hospital formulary</p>	<p>MAT is offered, initiated, and continued for those already on MAT in at least 1 service line (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital provides support to care teams in understanding risk, benefits, and evidence of buprenorphine in MAT for adults and <u>youth</u></p>	<p>MAT is offered, initiated, and continued for those already on MAT in at least 2 service lines (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital provides support to care teams in understanding risk, benefits, and evidence of buprenorphine in MAT for adults and <u>youth</u></p>	<p>MAT is universally offered* to all patients (adults and <u>youth</u>) presenting to the hospital</p> <p>One or more hospital staff has the time and skills to engage with patients (adults and <u>youth</u>) on a human level, motivating them to engage in treatment (e.g., a hospital employee embedded within either an ED or an inpatient setting to help patients begin and remain in addiction treatment – commonly known as a Substance Use Navigator, Case Manager, Social Worker, Patient Liaison, Peer Mentor, Chaplain, etc.)</p>	<p>Your hospital is actively measuring and developing strategies to improve access to MAT</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but MAT is no longer an active QI initiative</p> <p>Great job!</p>

Scenario 1: 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)

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>	Level 5 (5 pts.) <i>Sustainability</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 and treatment (e.g., executive leadership, Pharmacy, Emergency Department, Inpatient Units, General Surgery, Information Technology, etc.)</p>	<p>Opioid stewardship is not a quality improvement priority</p>	<p>Multi-stakeholder team identified opioid stewardship as a strategic priority and set improvement goals in one or more of the following areas: safe and effective opioid use, identifying and treating patients with OUD, overdose prevention, applying cross-cutting opioid management best practices (e.g., opioid stewardship committee, medication safety committee, a dedicated quality improvement team, subcommittee of the Board, etc.)</p> <p>Executive sponsor/project champion identified</p>	<p>Communicated program, purpose, goal, key performance indicators, and progress to goal to appropriate staff (e.g., a dashboard, all staff meeting, annual competencies, etc.)</p> <p>Opioid stewardship 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>Hospital participates in local opioid coalition or learning collaborative</p> <p>Hospital has an accurate and automated process to collect data on appropriate PDMP utilization and safe use of opioids (eCQM)</p>	<p>Hospital is actively measuring and developing strategies that support opioid stewardship as an organizational priority</p> <p>Hospital benchmarks performance against publicly available data such as the California Overdose Surveillance Dashboard, Healthy Places Index, Opioid Care Honor Roll results, Bridge Navigator Program metrics, etc.</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but enhancing organizational infrastructure is no longer an active QI initiative</p> <p>Great job!</p>

Scenario 2: Hospital has a process to collect data and benchmark performance against publicly available data with sustained improvement/performance for over a year. (Level 5)

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>	Level 5 (5 pts.) <i>Sustainability</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 & other harm reduction resources within hospital, health system, and community (e.g., community access points, low/no-cost options, community pharmacies with naloxone on hand, community coalitions, safe injection sites, safe opioid disposal sites, community access points for fentanyl test strips, 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 Project; this should be an ED led process 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 & other harm reduction services</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but providing free naloxone kits to patients and families is no longer an active QI initiative</p> <p>Great job!</p>
<p>Extra credit (1 pt.) Your hospital provides patients and families one or more of the following harm reduction services: access to low cost or no cost fentanyl test strips and safe injection kits, and information on how to properly store and dispose of opioid medications</p>						

Scenario 3: Hospital refers high risk patients to community-based harm reduction services and auto-prescribes naloxone for patients prescribed opioids > 5 days (Level 2)

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>	Level 5 (5 pts.) <i>Sustainability</i>
<p>Patient and family engagement</p> <p>Actively engage patients, families, and friends in appropriately using opioids for pain management (opioid prescribing, treatment, and overdose prevention via naloxone, harm reduction services provided by the hospital and within the community, risk associated with illicit fentanyl use, hospital quality improvement initiatives, etc.)</p>	<p>Patients and families are not actively engaged in OUD prevention/treatment, and/or quality improvement initiatives</p>	<p>Provides general education to all patients, families, and friends in at least 2 service lines (e.g., ED, Burn Care, General Medicine, Behavioral Health, OB, Cardiology, Surgery, etc.) regarding opioid risk including risk associated with illicit fentanyl, alternatives, and overdose prevention strategies (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 pain management strategies on website or portal, etc.)</p>	<p>Provides focused education to opioid naïve and opioid tolerant patients via conversations with care providers (e.g., MAT options, opioid risk and alternatives, naloxone use, etc.)</p> <p>Patients are part of a shared decision-making process for acute and/or chronic pain management (e.g., establish realistic pain trajectory and pain management plan with a special focus on managing pain associated with common procedures such as c-sections and hip/knee, risk and side effects associated with opioid use, etc.)</p>	<p>Provides opportunities for patients and families to engage in hospital wide opioid management activities (Patient Family Advisory Council, Youth Advisory Council, volunteer or paid peer navigator positions, program design, etc.)</p>	<p>Your hospital is actively measuring and developing strategies to improve patient and family engagement</p> <p>Measurement includes patient experience and/or patient reported outcomes (e.g., patient states that they were given education on the risk/benefits associated with long term opioid use, treatment options, etc.)</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but addressing stigma is no longer an active QI initiative</p> <p>Great job!</p>

Scenario 4: Hospital provides education to all patients and families about the risk of long term opioid, their approach to pain management, and treatment options. (Level 1)


Other changes

Additional hospital information:


Open ended responses:

1. Briefly describe the steps your hospital has taken to improve opioid stewardship across the 4 domains assessed in the 2023 Opioid Management Hospital Self-Assessment.
2. What would you like to learn more about in 2024 that would help you to close a gap in your work?
3. What else do you want us to know?

Optional responses: This data will help us to understand and align future iterations of the *Opioid Management Hospital Self-Assessment* and program resources with the work that you are doing. For the most recent 12 months we invite you to share the following metrics:

- 
1. Number of OUD related ED visits / total ED volume
 2. Number of OUD related inpatient admissions / total inpatient admissions
 3. Number of naloxone doses prescribed, dispensed, and/or distributed

Other:

- 
1. Is your hospital part of a hospital system? If yes, what is the name of the hospital system?
 2. Select YES to opt IN sharing your assessment results and open-ended responses with others in the program for the purposes of spreading bright spots and lessons learned. If yes, please let us know if you would like us to include your contact information so that others in the program can reach out to learn more. Your responses and contact information will be visible only to others in the program.
 3. Select YES to opt IN data sharing with our improvement partners, CA Bridge, and the Health Services Advisory Group.

How and when to apply

2023 Application Process (Jan – Mar 2023)

Download the 2023
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 2023
submit your results;
for progress made
Apr 2022 – Mar 2023

Celebrate!



In partnership with
California Health & Human
Services, CHC will recognize
honor roll awardees &
participants summer 2023

Recognition

Superior Performance

- \geq Hospital scores at least **34 points**

Excellent progress

- Hospital scores **between 26 and 33 points**

Most Improved

- \geq 5-point difference between 2023 and 2021

Sustained Improvement

- Superior performance two years in a row



Q&A

WHAT QUESTIONS DO YOU HAVE?

Timeline

August 2022: 2023 Opioid Care Honor Roll Program Launch!

- Check out the NEW Opioid Management Hospital Self-Assessment
- Read “Engaging Hospitals in OUD” article & OUD Bright Spots
- Celebrate your progress in tandem with our press release honoring hospitals for the 2021 Opioid Care Honor Roll program

September & October: Fall Showcase

- Throughout the Fall we will highlight and share emerging best practices, virtual/on-demand resources, partner events, and other resources to support your opioid stewardship journey

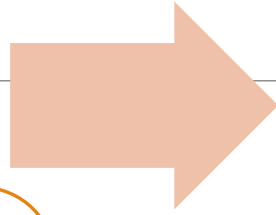
February & March 2023: Office Hours (30 min.)

- Join our office hours for 1:1 coaching and to get your questions answered about how/why to apply for the honor roll

Resources & Follow Up Materials

2021

- Honor Roll Fact Sheet; with list of hospitals
- Methodology Primer
- Honor roll certificates
- Article “Engaging hospitals in OUD”
- Bright spots



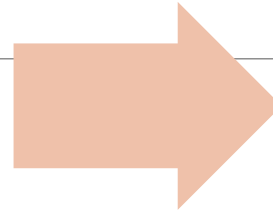
2023

- Updated Opioid Management Hospital Self-Assessment
- FAQ
- Measurement guide

Partner Resources

CA Bridge

- [Recorded training & videos](#)
- [Resource library](#) with clinical protocol & SUN/RN workflows
- Sign up for their newsletter to stay in the know



California Opioid Prevention Network

- [Virtual events](#) – next up 988 hotline & naloxone supply in CA
- [Resource library](#) with a focus on coalition building



Questions?

Alex Stack

Director, Projects & Strategic
Initiatives

Cal Hospital Compare

astack@cynosurehealth.org

Thank you!
