

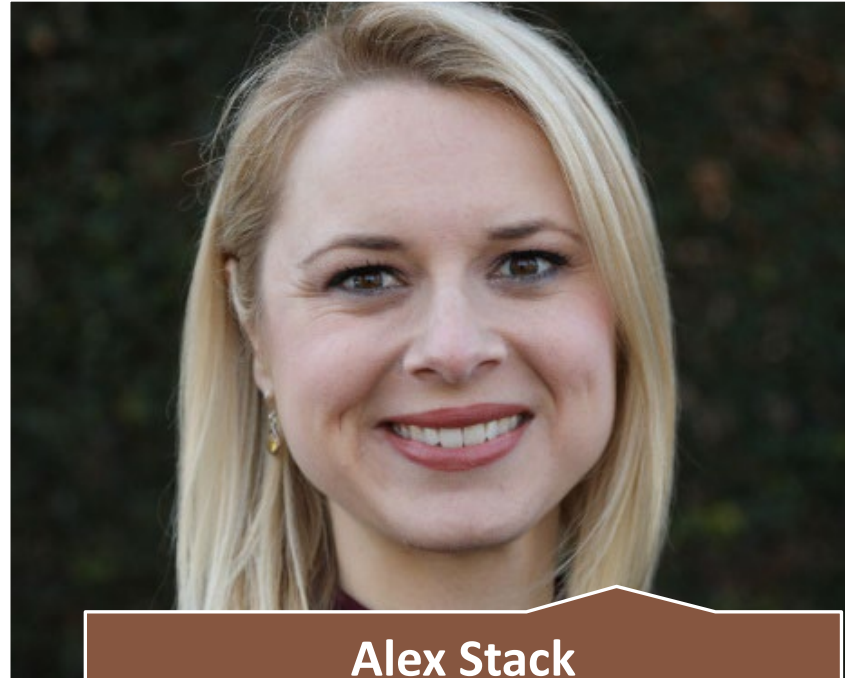
Opioid Care Honor Roll Program

CELEBRATING PROGRESS AND INTRODUCING THE 2025 PROGRAM

JUNE 25, 2024



Facilitators



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Director, Programs & Strategic
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Proposed Agenda

Opioid Care Honor Roll program overview

2024 results & lessons learned

Proposed changes

Wrap up

Overview

OPIOID CARE HONOR ROLL PROGRAM

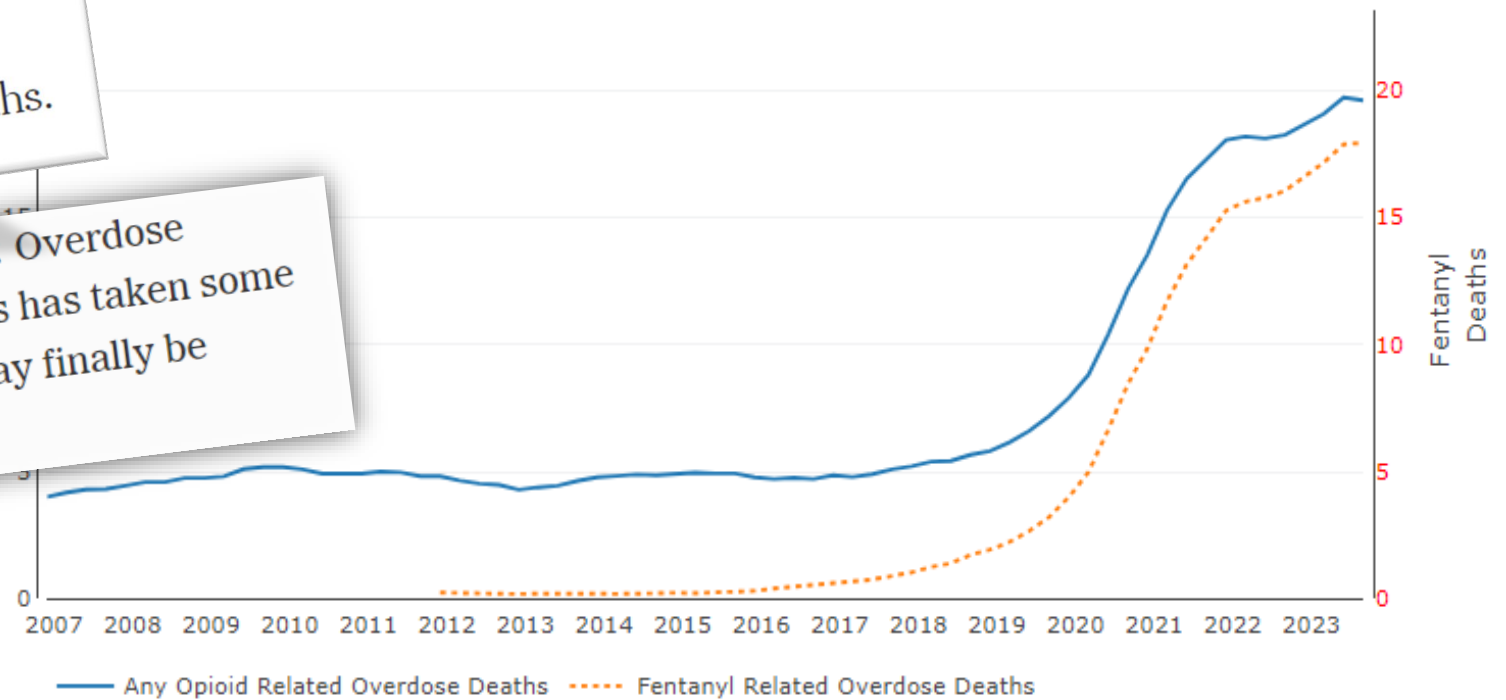
California is making progress but...

Has Fentanyl Peaked?

We explain a decline in overdose deaths.

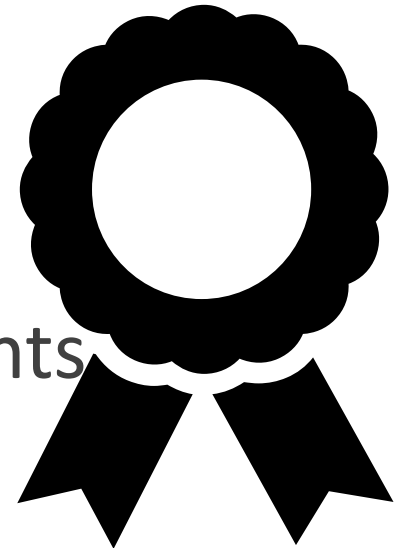
Last week brought some rare good news on drugs: Overdose deaths declined in 2023. And while the opioid crisis has taken some surprising and terrible twists over the years, it may finally be turning around.

Any Opioid-Related Overdose Deaths (2023 death data are preliminary) compared to Fentanyl-Related Overdose Deaths (2023 death data are preliminary)
Total Population - 12-Month Rolling(Age-Adjusted Rates)

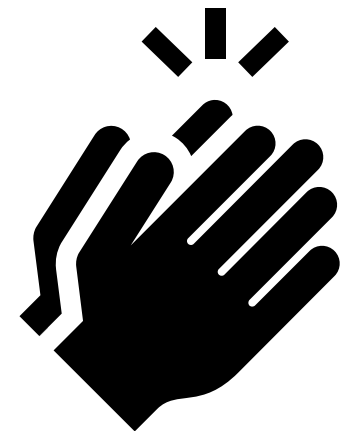
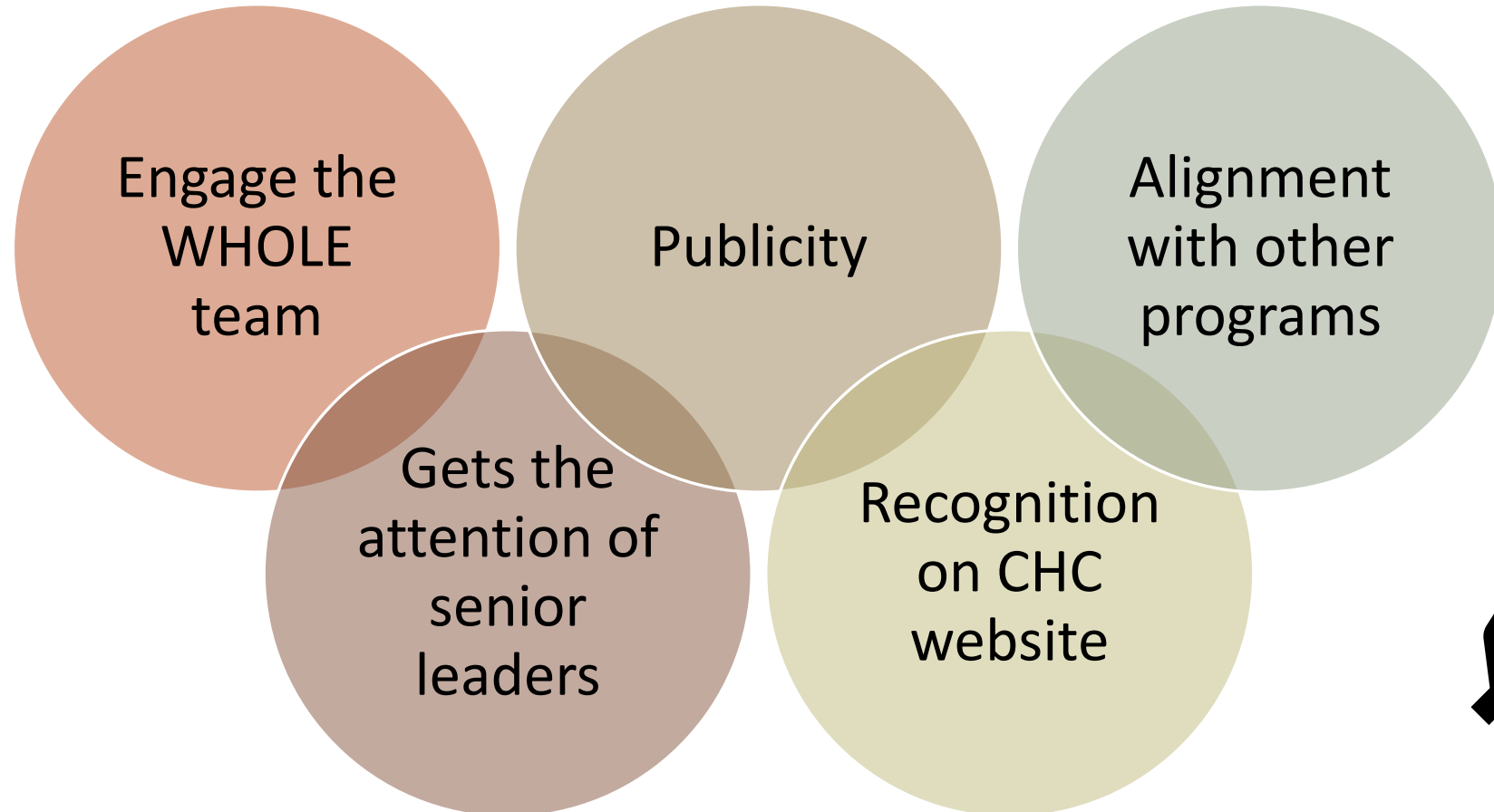


Our north star

- ❖ **Activate hospitals to accelerate care redesign in service of reducing OUD related deaths**
- ❖ Rally the troops
- ❖ Integrate OUD care into our clinical work
- ❖ Foster a culture of harm reduction
- ❖ Innovate to meet the changing needs of our patients



WIIFM



4 Domains of Care

Safe &
effective
opioid use

Identification
& treatment

Harm
reduction

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>Integration</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>Harm Reduction</p> <ul style="list-style-type: none"> • Hospital practices harm reduction informed care 				
<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 for “hon-rolling” a friend</i></p>					



157 hospitals submitted their application!

Recognition Categories

Superior Performance: ≥ 34 points

Excellent Progress: 26 – 33 points

Most Improved: ≥ 5 points in comparison to 2023 results OR

Sustained Improvement: hospital achieves Superior Performance two years in a row

Participant: hospital scores between 0 and 20 points &/or does not fall into any other recognition category

2024 Results

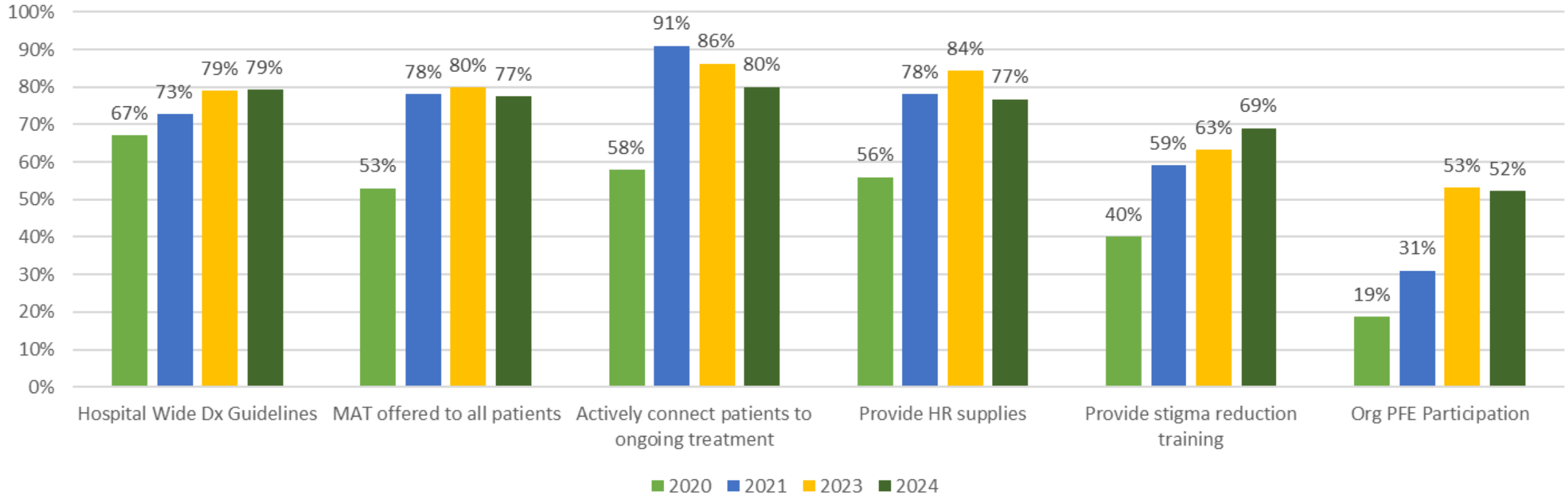
2024 Opioid Care Honor Roll



157 applicants!!
(109 in 2023)

Superior Performance <ul style="list-style-type: none">• \geqHospital scores at least 34 points	25
Sustained Improvement <ul style="list-style-type: none">• Superior performance two years in a row	30
Excellent progress <ul style="list-style-type: none">• Hospital scores between 26 and 33 points	39
Most Improved <ul style="list-style-type: none">• \geq 5-point difference between 2023 and 2024	33

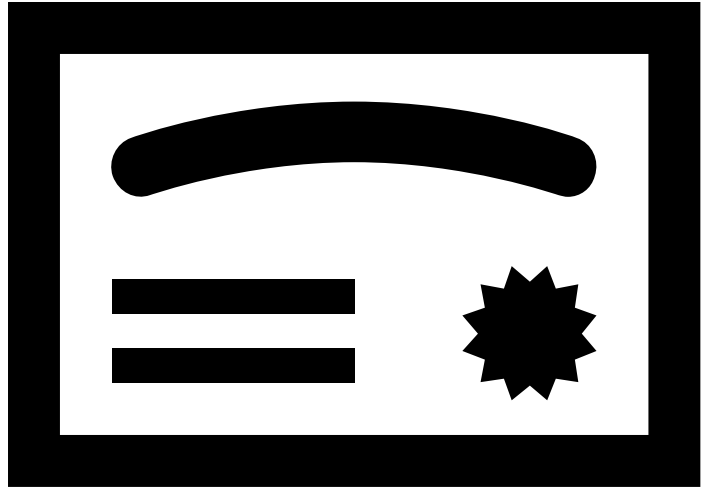
Progress on select measures





What are you most proud of?

Turn on your camera
In one minute or less share your story!



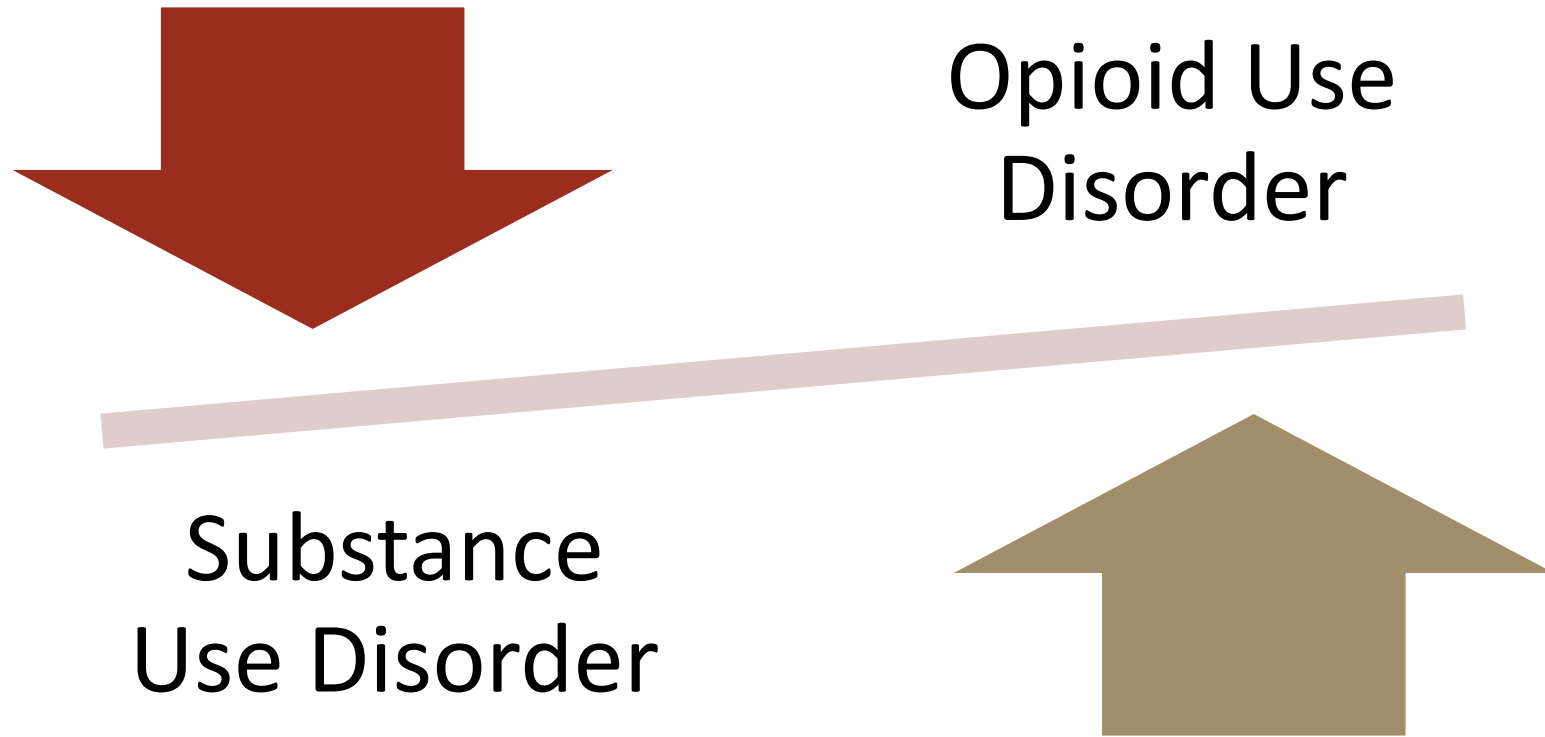
Press release
coming soon!



Launching into SUD

2025 PROGRAM

Workgroup & BOD Feedback



Baby Steps



2025 = Transition Year

Key Changes

Hardwire strategies to address OUD

- Drive accountability
- Enhanced roadmaps for cross cutting best practices

Weave in AUD strategies

- With a focus on identification and treatment

Introduce SUD strategies

- Extra credit opportunities for those with clear processes for addressing multiple substances

Hardwire OUD – Drive Accountability

Some examples

- At least one active physician or clinical champion
- At least 1 FTE Navigator or equivalent
- Offer safer using supplies
- Plan of Safe Care in place for pregnant patients with SUD
- Provides both free naloxone and fentanyl test strips via NDP program
- Track successful follow ups
- Your hospital is collecting and reporting on the safe use of opioids eCQM measure with process improvement strategy in place
- Measurable improvement from baseline for each strategy

Enhanced roadmaps

Organizational Infrastructure

- Maximize billing for navigation services
- Explore Community Health Worker position

Address stigma with physicians and staff

- Quantity and report out # of SUD patients
- Link to readmissions reduction efforts and other strategic goals
- Tie in community benefits program
- Communicate the WIIFM to providers and staff

PFE

- Embrace engagement at all levels, all the time
- Collect and share success stories
- Analyze SDOH factors
- Address cultural differences

AUD Identification and Treatment

GUIDE

Acute Care Treatment of Alcohol Use Disorder



QUICK REFERENCE

Steps to reduce emergency department visits and help your patient by combining withdrawal treatment with craving reduction:

1. Treat Acute Withdrawal

Use your preferred strategy/hospital standard practice with benzodiazepine and/or phenobarbital to treat acute withdrawal.

2. At Discharge

- a. Prescribe Medication for protracted withdrawal.
Gabapentin 600mg-900 TID, #42
 - Avoid/use with caution in renal disease.
 - If history of severe withdrawal may need additional treatment including with benzodiazepine

NAVIGATOR TOOL

Navigating Patients with Alcohol Use Disorder



BACKGROUND

Many people who use opioids also engage in binge drinking.¹ As emergency departments (EDs) gain experience treating patients with opioid use disorder (OUD) with low-barrier buprenorphine and patient navigation, some EDs are extending their programs to treat alcohol use disorder (AUD). This is a high-priority population because, even as yearly drug overdose deaths have now surpassed 100,000,² an estimated 140,000 people die annually from excessive alcohol use.³

To help navigators serve patients with AUD, we offer the following tips from navigators that have begun to work with this population.

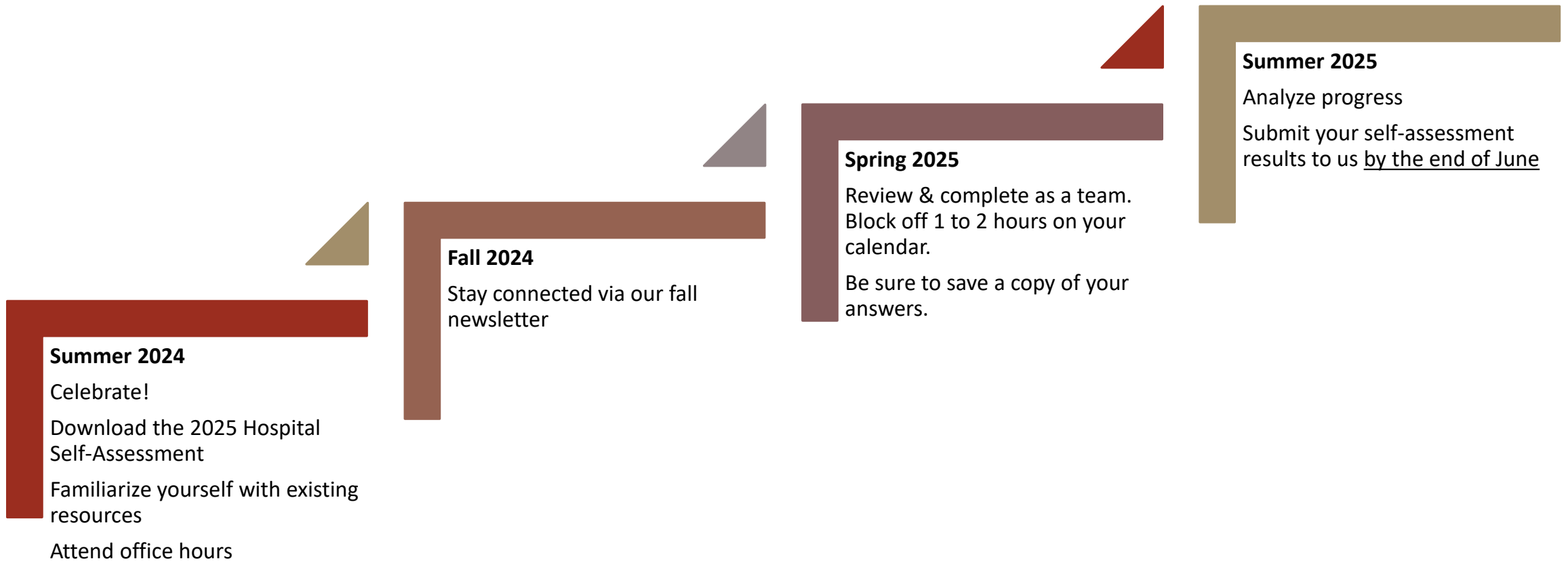
BUILD ON YOUR EXISTING SKILLS

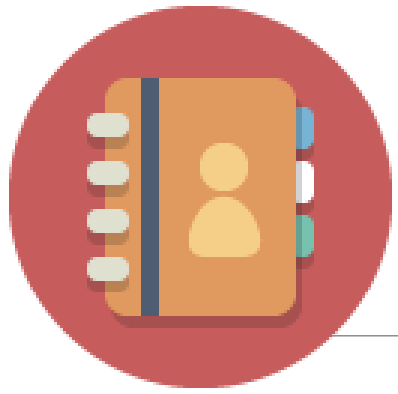
Identifying Substance Use Disorders

Navigators are practiced in collaborating with ED clinicians and using Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify OUD. These same skills can be used to identify AUD. More information on SBIRT is available in the [CA Bridge Navigation Toolkit](#). Just as you reach out to patients who come in for abscesses or cellulitis to identify opioid use, you can reach out to patients seen for liver disease, trauma, motor vehicle accidents, or jail clearance to identify AUD.

Utilizing screening tools such as the [Alcohol Use Disorders Identification Test \(AUDIT\)](#) or [Drug Abuse Screening](#)

2025 Program





Questions?

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