



QIN-QIO Community of Practice Call



**Addressing the
Opioid Crisis:
*Innovation and
Engagement with
Nursing Homes and
Communities***

Agenda

- QIN-QIO Presentation
- DCPH/QIN-QIO Operations Call

Presenters

Anita Thomas, PharmD

Executive Champion and Team Lead

CMS iQIIG-DCPH

Candy Hanson, BSN, PHN, LHIT-HP

Quality Improvement Advisor

Superior Health Quality Alliance Medication Safety Team

Jennifer Wieckowski, MSG

Senior Executive Director

Health Services Advisory Group

Greg Sieradzki, MS, MHA, CPHQ, LSSGB

Associate Director

Health Services Advisory Group

Opioid Links

Opioid Overdoses and the Limited Treatment of Opioid Use Disorder Continue To Be Concerns for Medicare Beneficiaries

<https://oig.hhs.gov/oei/reports/OEI-02-22-00390.pdf>

CMS Behavioral Health Strategy

[CMS Behavioral Health Strategy | CMS](#)

CMS Opioid Report

[action-plan-behavioral-health-strategy.pdf \(cms.gov\)](#)



SUPERIOR HEALTH
Quality Alliance

Shine a Light on Stigma Campaign



Candy Hanson, BSN, PHN, LHIT-HP, Quality Improvement Advisor
Superior Health Quality Alliance Medication Safety Team

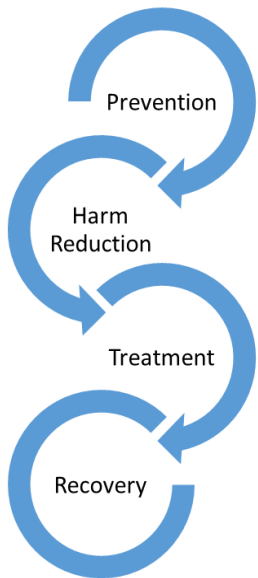
Chanson@stratishealth.org

October 25, 2022

Objectives

- Describe Superior Health's overall strategy for reducing opioid deaths.
- Identify the purpose of addressing stigma.
- Understand how to engage with the Shine a Light on Stigma Campaign to address the stigma surrounding substance use disorders.

A Persistent Problem



Drug Overdose Deaths by State (2020)

- Michigan: **2,759**
- Minnesota: **1,050**
- Wisconsin: **1,531**
- Despite many strategies being deployed, opioid deaths continue to increase and only 1 in 10 people with an SUD receives treatment.

Source: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2021. <https://wonder.cdc.gov/>.

Environmental Scan

Updated our 2019 scan for local initiatives, CMS beneficiary inclusion

Our assessment of naloxone distribution and education, prescription monitoring, and medications for opioid use disorder (MOUD) shows that these best practices are in place to some degree in each of our participating communities.

Opportunities for improvement:

- Affordability and distribution of Narcan
- Integration of prescription drug monitoring programs (PDMPs) into routine processes/procedures
- Increased prescribing of MOUD

Next Step: Overlay this data on Opioid OD Deaths Data

Intervention	Objective(s)	Audience	Format	Outcome
Opioid Stewardship Video Series	Education on side effects, risks and benefits of opioid pain medications	Clinicians, caregivers	4 brief videos by expert MD	25,537 views*
Front Line Forces: Substance Use Disorder Series	Create common understanding of the fundamentals of substance use disorders and ways to respond to and prevent it	Front line staff in nursing home setting	4 brief videos by subject matter expert	293 views
Superior Health Connect Opioid Stewardship Affinity Group	Share information, experiences, and resources on opioid stewardship across organizations	All settings/ all roles	Superior Health Connect platform	45 current members
Physicians Fighting Stigma Video Series	Share judgment-free scripting for talking with patients across all stages of change	Clinicians	7 brief videos by expert MD	354 views
Individual ADE TA (MDS N2001 and N2003)	Work with identified nursing homes to provide individualized TA on adverse drug events (including opioids)	Nursing homes	Tailored technical assistance	pending
Shine a Light on Stigma Campaign	Increase respect for and dignity of persons with substance use disorder	Internal staff, QIN/QIO Peers, all participants	Webpage, promotion and pledge	ongoing

Identified Barriers

Stigma is a root cause barrier to people receiving best-practice care:

1. Clinicians are hesitant to prescribe medications for opioid use disorder (MOUD) or overdose rescue medication because of stigmatized beliefs about patients with substance use disorder (SUD).
2. Health professionals are not engaging in effective conversations about substance use due to a lack of professional preparation and discomfort.
3. Patients internalize stigma, leading to low self-efficacy and low motivation for change and reduced help-seeking behavior.
4. Stigma perpetuates inequities in care for people with SUD and impacts people of different racial, ethnic, gender, geographic, age, and income levels more deeply.

Shine a Light on Stigma: Multi-layered and targeted quality improvement approach - campaign, educational LANs, pledge, individualized provider-centered learning modules, PFAC engagement and PDSA.

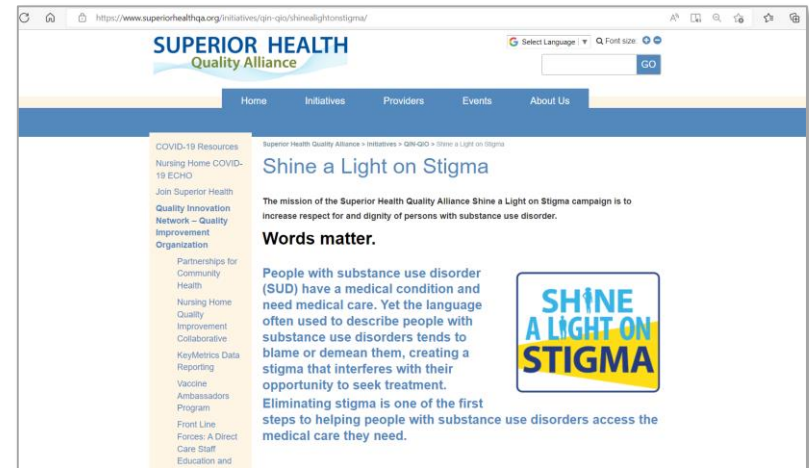


[Shine a Light on Stigma \(superiorhealthqa.org\)](http://superiorhealthqa.org)

Shine a Light on Stigma Section on the Superior Health Website

Key approaches to addressing stigma:

- Changing Language: Stigmatizing language impacts how we think, feel and act towards a particular group.
- Increasing Contact: Listening to the personal stories of members of the stigmatized group helps break down previously held misconceptions and stereotypes.



Our “Ask”

Join us in Making a Difference!

As a leader, I commit my organization to using person-centered language when referring to people with substance use disorder and/or in recovery.

TAKE THE ORGANIZATIONAL PLEDGE

I commit to using person-centered language when referring to people with substance use disorder and/or in recovery.

TAKE THE PERSONAL PLEDGE



SUPERIOR HEALTH

Quality Alliance

This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

12SOW-MI/MN/WI-CC-22-144 101322



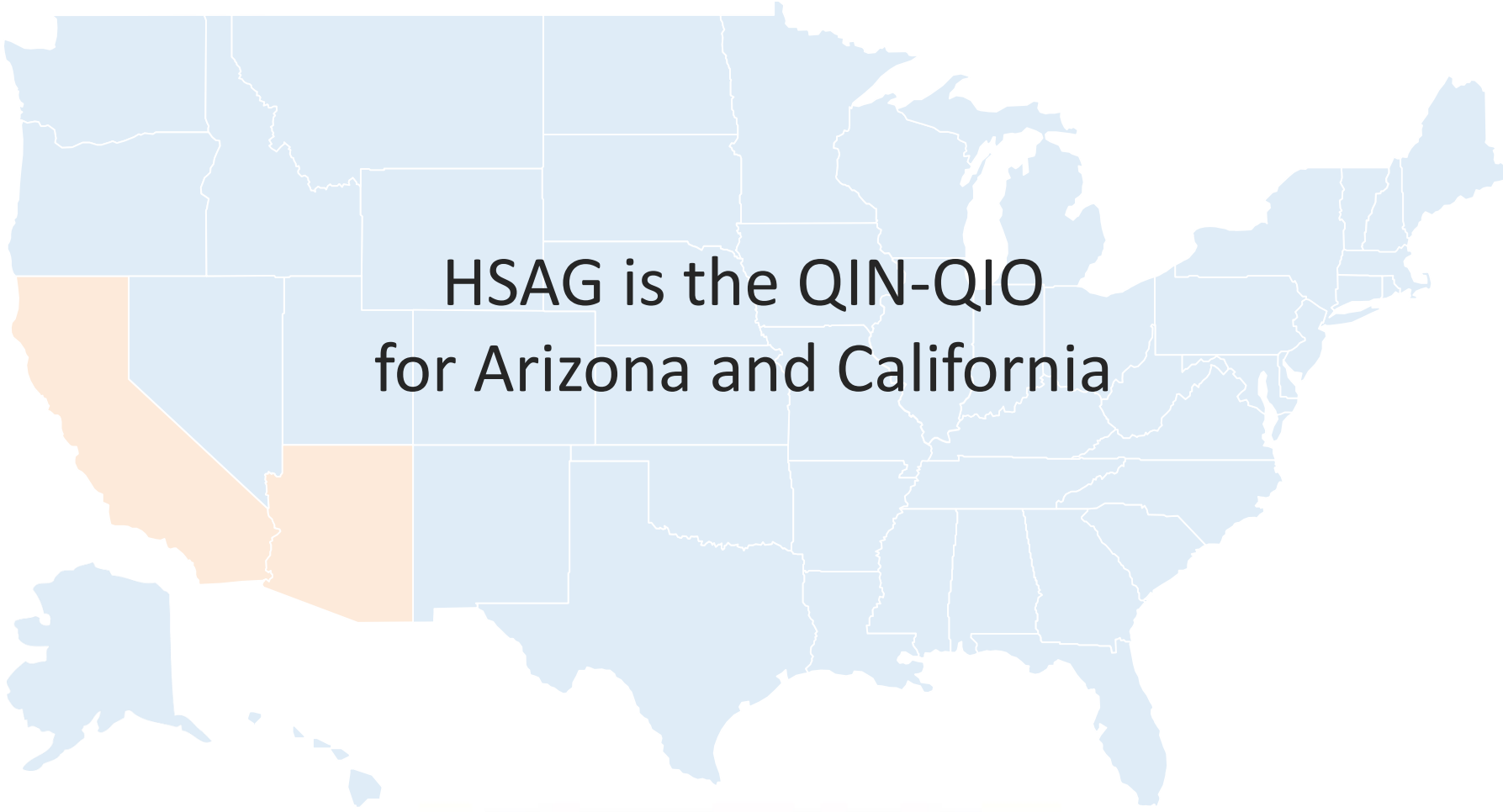
HSAG Opioid Initiatives

Jennifer Wieckowski, MSG
Senior Executive Director

Greg Sieradzki, MS, MHA
Associate Director

Health Services Advisory Group (HSAG)

HSAG Quality Innovation Network-Quality Improvement Organization (QIN-QIO)



HSAG is the QIN-QIO
for Arizona and California

HSAG Strategy to Address the Opioid Crisis: Implement an Opioid Stewardship Program (OSP)

Assist hospitals and nursing homes in completing an OSP baseline assessment.

Provide technical assistance to identify gaps.

Select/implement interventions to address gaps.

- Conduct one-on-one consults with HSAG opioid leads.
- Attend HSAG's Opioid Stewardship Quickinar sessions.
- Participate in HSAG's Opioid Stewardship Peer Group calls.

HSAG's OSP Assessments

- Two-pages with 10–11 questions
- Based on opioid stewardship best practices and regulatory requirements
- Modeled after the CDC* Antimicrobial Stewardship Core Elements
 - Commitment and Accountability
 - Action
 - Tracking and Reporting
 - Education and Expertise
- Uses the Transtheoretical Model of Change
- Identifies gaps and quickly provides strategies

Emergency Department (ED) OSP Assessment www.hsag.com/contentassets/1e989bfc90f84b95a616cc4d9a31dac2/assessmentopioided.pdf

Acute Care Provider OSP Assessment www.hsag.com/contentassets/1e989bfc90f84b95a616cc4d9a31dac2/assessmentopioidac.pdf

SNF Pain Assessment and Management Program www.hsag.com/contentassets/1e989bfc90f84b95a616cc4d9a31dac2/assessmentopioidpamp.pdf

HSAG Uses Appreciative Inquiry for Each OSP Question to Build a Robust Program

OSP question →

Appreciative inquiry questions →

Potential strategies to address gaps →

Resource list for the evidence-based practices →

A. Commitment	
Assessment Items	
3.	The ED provides treatment for opioid withdrawal.
	1.1 - Aligns with all implementation strategies indicated 1.1.3 - Aligns with implementation strategy of incorporating triggers in EHR to identify high-risk behavioral health patients
Guiding Questions for Technical Assistance	
1.	Are medical staff educated in the use of buprenorphine in the management of acute opioid withdrawal?
2.	Do medical staff prescribe buprenorphine to as a first line treatment for withdrawal in opioid use disorder?
3.	Does your facility have an approach for promoting buprenorphine waiver attainment for medical staff and the ability to prescribe for short periods (3-7 days) until patient gets to an outpatient MAT appointment?
4.	Are staff DATA-waivered to prescribe buprenorphine?
a.	Is this tracked as a potential quality indicator?
Potential strategies, methods, and tactics	
	<ul style="list-style-type: none"> Implement organizational policies to address the needs of patients with OUD including management of: <ul style="list-style-type: none"> patients experiencing opioid withdrawal promoting buprenorphine waiver for ED medical staff Provide support via Medication Assisted Treatment (MAT) including Methadone, Buprenorphine, and Naltrexone Implement Emergency Dept. based program for MAT initiation Establish MAT medication on formulary and maintain MAT during hospital stay Educate patient using harm reduction strategies (naloxone plan at home; if using drugs, go slow; Fentanyl testing strips) Reduce stigma of Opioid Use Disorder and treatment with education awareness campaign
Resources	
	<ul style="list-style-type: none"> CDC– <i>Creating a Culture of Safety for Opioid Prescribing: A Handbook for Healthcare Executives</i> https://www.cdc.gov/drugover ADHS - <i>Arizona Opioid Prescribing Guidelines</i> - https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-reco-guidelines.pdf ADHS – <i>Preventing Overdose from a Hospital Setting</i> - https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelin-opioids.pdf Arizona Opioid Assistance & Referral (OAR) Line - https://www.azdhs.gov/oarline/ Medical Board of California’s <i>Guidelines for Prescribing Controlled Substances for Pain</i> - https://www.mbc.ca.gov/licensees/press-releases/2018/06/20/mbc-guidelines-for-prescribing-controlled-substances-for-pain/ California Department of Public Health’s <i>Guidelines Crosswalk</i> https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Prescription%20Drug%20Overdose%20Guidelines%20Crosswalk HSAG - <i>Opioid Use Disorder Causes, Effects, and Outcomes</i>, Dr. John Sorboro - U:\11SOW\11SOW Task Order\C.3 - Coordination

OSP Assessment Provider Feedback

“The OSP assessment helped us identify a gap we weren’t even aware of.”
 —Director of Quality, Critical Access Hospital

“In addition to providing insights about our current program, this assessment serves as an effective communication tool and report card with leaders throughout the organization.”

“Great rationales and references at the end of the assessment to further guide the team.”

—System Lead Pharmacist and Network Medication Safety Officer
 Six-Hospital Health System

Opioid Stewardship Program (OSP) Implementation
Acute Care Provider OSP Assessment

Quality Improvement Organizations
 Health Knowledge, Learning, and Action
 Centers (QIOs) and Medicare Contract

HSAG
 HEALTH SERVICES ADVISORY GROUP

Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented	Plan to implement/no start date set	Plan to implement start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. Your facility has an OSP leadership team in place with representatives from various departments and disciplines (e.g., administration, emergency department, informatics, surgery, pharmacy, internal medicine, behavioral health, case management). ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your facility has a workflow that facilitates required Prescription Drug Monitoring Program (PDMP) review for discharging providers prescribing opioids. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility utilizes Enhanced Recovery After Surgery (ERAS) protocols (such as in areas like perioperative, inflammatory, musculoskeletal, and neuropathic injury settings). ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your facility provides treatment for opioid withdrawal. ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
5. Your facility has an established method to identify patients who may require OUD treatment (e.g., opioid risk tool, single screening questions, clinical opiate withdrawal scale [COWS] score). ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your facility refers for medication-assisted treatment (MAT)/substance use disorder treatment (i.e., buprenorphine or methadone in combination with behavioral health therapies). ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HSAG Opioid Stewardship Quickinar Series

1. OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format

2. OSP Assessment Overview

3. Interpreting the OSP Assessment Results/Developing an Action Plan

4. Developing a Dashboard

5. Screening Patients for OUD Risk and Opioid Withdrawal

6. A Good Discharge Plan for Pain Management with Opioids

HSAG Opioid Stewardship Quickinar Series (cont.)

7. Partnering with Pharmacists for ongoing Medication Management

8. Double Trouble: Benzos and Opioids/Harm Reduction with Naloxone

9. Medications for Opioid Use Disorder (MOUD): Prescribing Buprenorphine

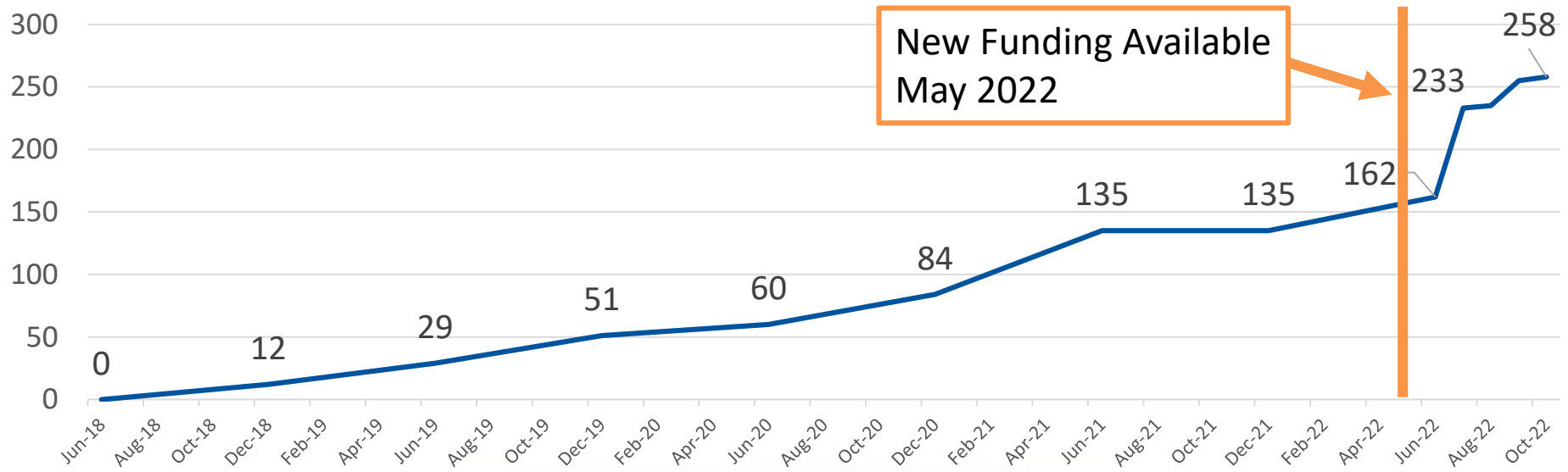
10. Getting Patient Buy-in through Education

11. Reevaluating Your Program and Celebrating Success

Progress to Initiate Buprenorphine in the ED

HSAG, in partnership with CA Bridge and other stakeholders, is expanding MAT* in the ED to ensure patients receive evidence-based treatment 24/7 at any hospital in California by 2025.

Number of California Hospitals Implementing Buprenorphine in the ED through the CA Bridge Model



CA Bridge Program Goals

- Support EDs to become primary access points for the treatment of substance use disorders and co-occurring mental health conditions.
- Hire or maintain an ED-based navigator.
- Identify, screen, interview, and link patients with substance use disorder and co-occurring mental health conditions to appropriate treatment.
- Educate providers about MAT.



CA Bridge Program Goals (cont.)

- Build a stigma-free environment that welcomes disclosure of substance use.
- Refer patients with co-occurring mental health conditions to outpatient treatment.
- Provide all participating hospitals with access to materials, training, and technical assistance for navigators, clinicians, nurses, and other hospital staff and stakeholders.





This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-10192022-01

Open Discussion



DCPH and QIN-QIO Operations Call

Transition of *State Actions to Mitigate COVID-19 Prevalence in Nursing Homes* Toolkit



**Quality Innovation Network -
Quality Improvement Organizations**
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Transition of *State Actions to Mitigate COVID-19 Prevalence in Nursing Homes* Toolkit

- Sunset in previous form; no longer published on CMS.gov Emergencies page.
- Resources now in Vaccine Toolkit and Tools & Resources sections of QIOProgram.org.
- New submissions will follow a revised process.
- QIN-QIOs will share COVID-19 infection control and vaccination/booster resources with their COR for approval prior to submitting for posting.
 - For public-facing resources only; resources shared privately (with Quality Co-Op members only) do not require COR review.

Process for Submitting COVID-19 Infection Prevention & Vaccine Resources for Posting to QIOProgram.org

- Resources should meet the following criteria:
 - Content was created or has been updated within the last calendar year (2022)
 - Resource is not a press release or news story
 - Resource does not duplicate information accessible on CMS.gov, CDC.gov or state government or health department websites (includes COVID-19 case numbers, testing data and masking and quarantine guidance).
 - Resource is 508-compliant
- Following COR approval, QIN-QIOs will submit directly to DVA through Quality Co-Op for posting on QIOProgram.org.

QIOProgram.org Demo

- Tools & Resources and Vaccine Toolkit
- Quality Co-Op

Thank You!



Join us for our next
Community of Practice and Operations Call
on November 22nd from 1:00 pm – 2:00 pm (ET)