



Opioid Stewardship Program (OSP) Quickinar Series “Quickinar” 2 OSP Assessment Overview

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Health Services Advisory Group

Thursday, October 28, 2021

To Do's by Today (10/28/2021)

1. Ensure you have QIIP access: <https://qiip.hsag.com>

2. Pull up the OSP Assessment on the QIIP just to familiarize yourself with it.

3. Invite colleagues to register for the entire Quickinar Series!

Noah's Story



“It’s likely that everybody knows somebody who is struggling with this very problem.”
-Noah

<https://www.cdc.gov/rxawareness/stories/noah.html>

The purpose of today's "quickinar" is to...

1. Introduce **HSAG's OSP assessment** and how to complete it.
2. Share how to identify gaps in current OSP using the assessment.
3. Identify resources available using rationales and references section of the assessment.

Poll Question

What are some areas your organization needs to work on relating to opioids? (Select all that apply)

- Prescribing standards and policies
- Leveraging electronic health record (EHR) alerts (if applicable)
- Medication reconciliation
- Identifying those at risk for OUD
- Treating those suffering from OUD (or linking to treatment)
- Safe prescribing for opioid naïve patients/residents
- Tracking opioid quality measures
- Naloxone prescribing and education
- I don't know



How do you know if what you
are doing is working well?

Assessment of Opioid Stewardship

- A multidisciplinary team's guide to assessing current state of opioid stewardship
- 11 questions grouped into 4 subcategories
- Once completed, serves as a gap analysis to determine priority areas to implement strategies

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

Quality Improvement Organizations | **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/ no plan	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"/>

Acute, ED, and SNF Versions Available

- Designed to address distinct, facility-type characteristics relating to opioids

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

Quality Improvement Organizations
HSAG

Facility Name: _____ CCN: _____

Work with your department leadership team to complete the following assessment. This OSP implementation assessment is supported by published evidence from the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), Department of Health and Human Services (HHS), Institute for Healthcare Improvement (IHI), and state government recommendations. Select one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items

A. Commitment

- Your facility has an OSP leadership team in place with representatives from various departments and disciplines (e.g., administration, emergency surgery, pharmacy, internal medicine, behavioral health).
- Your facility has a workflow that facilitates required Prescription Drug Monitoring Program (PDMP) review for discharging providers.
- Your facility utilizes Enhanced Recovery After Surgery (ERAS) areas like perioperative, inflammatory, musculoskeletal settings.
- Your facility provides treatment for opioid withdrawal.

B. Action

- Your facility has an established method to identify patients who may require treatment (e.g., opioid risk tool, single screening questions, Clinical Opioid Withdrawal [COW] scale).
- Your facility refers for medication-assisted treatment (i.e., buprenorphine or methadone in combination with behavioral therapies).

Opioid Stewardship Program (OSP) Implementation
Emergency Department OSP Assessment

Quality Improvement Organizations
HSAG

Facility Name: _____ CCN: _____ Assessment Date: _____

Work with your department leadership team to complete the following assessment. Each item relates to PAMP elements that should be in place for a successful PAMP in your facility. The PAMP 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 one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items

A. Commitment

- The emergency department (ED) has presence within your organization's opioid stewardship initiatives.¹
- The ED has a workflow that requires Prescription Drug Monitoring Program (PDMP) review prior to prescribing opioids.²
- The ED provides treatment for opioid withdrawal.³

B. Action

- The electronic health record (EHR) has embedded safety alerts (e.g., PDMP morphine milligram equivalent [MME] >50 per day at time of discharge, the concomitant use of benzodiazepines and opioids, patients at higher risk for drug events [ADEs] related to opioids, naloxone prescription upon discharge).
- The ED offers alternatives to opioids (ALTO) for pain management as a first-line treatment for identified diagnoses (e.g., ED protocols with use of non-opioid analgesics, musculoskeletal pain, lower back pain, headache, fracture/joint dislocation).
- The ED has an established method to identify patients who may require treatment (e.g., opioid risk tool, single screening questions, Clinical Opioid Withdrawal [COW] scale).

Pain Assessment & Management Program (PAMP) Implementation
Skilled Nursing Facility (SNF) PAMP Assessment

Quality Improvement Organizations
HSAG

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

Work with your interdisciplinary leadership team to complete the following assessment. Each item relates to PAMP elements that should be in place for a successful PAMP in your facility. The PAMP 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 one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/no plan	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. A facility-wide leadership team is in place with representatives from various departments and disciplines—including administrators, nursing, activities, social services, and medical director—who are responsible for pain management and safe opioid practices. ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The medical director/nurse practitioner/physician assistant of your facility are required to review the Prescription Drug Monitoring Program (PDMP) database prior to prescribing or renewing opioids. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility uses screening tools to identify residents who are or may have been at risk for OUD. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
4. Your facility has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand. ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 Your facility reassesses/responds to the resident's pain through the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Evaluation and documentation of response(s) to pain intervention(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Progress toward pain management goals including functional ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Side effects of treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Risk factors for adverse events caused by the treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Four Subcategories

Commitment

Action

Track and
Report

Education
and Expertise

Levels of Implementation

For each question, determine whether your facility has the corresponding strategy in place using the following criteria:

Not implemented/ no plan	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ED Assessment Example Question

Commitment Section

“The emergency department (ED) has presence within your organization’s opioid stewardship initiatives.”

Not implemented/ no plan	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rationale and References for each question

1. The emergency department (ED) has presence within your organization's opioid stewardship initiatives. i



- i** **Rationale:** Leadership engagement in the oversight of pain management supports safe and effective practice and sustainable improvements across the system involved in pain assessment, management, and opioid prescribing.
Reference: https://www.jointcommission.org/assets/1/18/R3_Report_Issue_11_Pain_Assessment_2_11_19_REV.pdf
– <https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship>
- ii** **Rationale:** Clinicians should review the patient's history of controlled substance prescriptions through PDMP review to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose (>90 MME, combinations of opioids and Benzodiazepines). EHRs should integrate PDMPs to eliminate barriers to accessing PDMP data, especially when these data points are mandated.
Reference: <https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf>
– <https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>
– https://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf
– <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf>
– <https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf>
– <https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship>
- iii** **Rationale:** Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery.
Reference: <https://www.samhsa.gov/medication-assisted-treatment/treatment>
– <https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship>
– <https://www.chcf.org/publication/pay-mat-emergency-department/>

Acute Assessment Example Question

Track and Report Section

“Your facility tracks and trends opioid quality measures on a dashboard that is shared with an interdisciplinary team (e.g., MME prescribing, naloxone administration, co-prescribing with benzodiazepines).”

Not implemented/ no plan	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNF Assessment Example Question

Education and Expertise

“Your facility provides education regarding pain management, pain treatment plans, and the safe use of opioid medications to residents, families, and caregivers.”

Not implemented/ no plan	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key points to keep in mind....

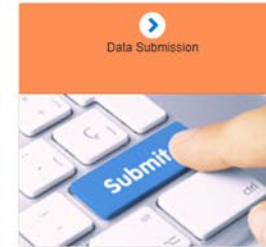
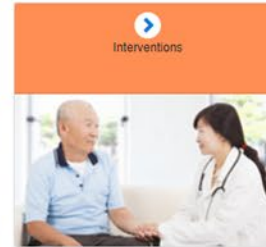
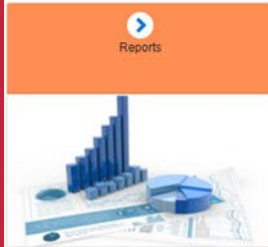
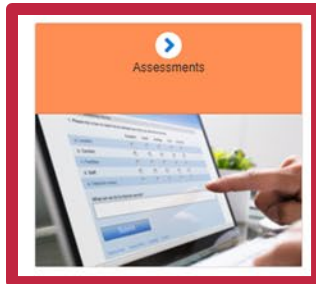
1. This is an initial scan of your organization's status
2. Utilize the multidisciplinary team to develop response
3. Consider everyone's input
4. For items needing additional time/ exploration, parking lot these items and return at a later point



Let's Get Started!



Quality Improvement Innovation Portal



- Acute Opioids
- ED Opioids
- Acute ADE
- Acute Care Transitions
- ED Care Transitions

Opioid Stewardship Program (OSP) Implementation

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.

Download Assessment

To understand the rationale and references for each question, click [here](#).

A. Commitment

<https://qiip.hsag.com>

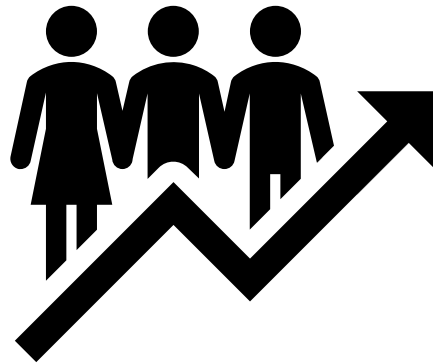
D. Education and Expertise

Open Response

Cancel Save

Benefits of Submitting into QIIP

- Provides historical record storing previous assessment answers and allows you to generate reports for you QI committees
- HSAG to track and trend community progress and share results





Let's hear from partner experiences with the OSP Assessment

From the Field: First-hand OSP Assessment Experiences

- Pam Noland, RN – Director of Quality/Risk
 - Northern Cochise Community Hospital
- Sarah Stephens, PharmD, CPPS
 - HonorHealth Network Medication Safety Officer

OSP “Quickinar” Schedule: Mark Your Calendars

OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format

Thursday, October 21, 2021 | 10:30–11:00 a.m. PT



Partnering with Pharmacists for ongoing Medication Management

Thursday, February 10, 2022 | 10:30–11:00 a.m. PT

OSP Assessment Overview

Thursday, October 28, 2021 | 10:30–11:00 a.m. PT



Double Trouble: Benzos and Opioids Harm Reduction with Naloxone

Thursday, March 10, 2022 | 10:30–11:00 a.m. PT

Interpreting the OSP Assessment Results/Developing an Action Plan

Thursday, November 18, 2021 | 10:30–11:00 a.m. PT

MAT: Prescribing Buprenorphine

Thursday, April 14, 2022 | 10:30–11:00 a.m. PT

Developing a Dashboard

Thursday, December 9, 2021 | 10:30–11:00 a.m. PT

Getting Patient Buy-in through Education

Thursday, May 12, 2022 | 10:30–11:00 a.m. PT

Screening Patients for OUD Risk and Opioid Withdrawal

Thursday, January 13, 2022 | 10:30–11:00 a.m. PT

Reevaluating Your Program and Celebrating Success

Thursday, May 26, 2022 | 10:30–11:00 a.m. PT

A Good Discharge Plan for Pain Management with Opioids

Thursday, January 27, 2022 | 10:30–11:00 a.m. PT

Register for the entire OSP “Quickinar” series today!

bit.ly/OpioidStewardshipProgramQuickinars



OSP "Quickinar" Homepage

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Opioid Stewardship Program Quickinar Series

Join the cohort of dedicated healthcare teams as Health Services Advisory Group (HSAG) hosts an action-based "quickinar" series to provide tactics, strategies, and information needed for a successful Opioid Stewardship Program (OSP).

- Complete an opioid stewardship gap assessment
- Identify and implement best practices; Track your progress
- Access tools and resources on the HSAG OSP webpage

Register for the entire OSP "Quickinar" series today!
bit.ly/OpioidStewardshipProgramQuickinars

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
7. Partnering with Pharmacists for ongoing Medication Management
8. Double Trouble: Benzos and Opioids/Harm Reduction with Naloxone

Secure Data Portal →

QIIP Access Form →

Who Should Attend:

- Acute Care Inpatient Departments
- Emergency Departments
- Post-Acute Care Providers

Opioid Stewardship Assessments
Download hard copy versions:

- Emergency Department OSP Assessment
- Acute Care Provider OSP Assessment
- Skilled Nursing Facility (SNF) Pain Assessment and Management Program

To Do's by Next Quickinar (11/18/2021)

1. Form a team and complete OSP Assessment

2. Enter assessment results into QIIP: <https://qiip.hsag.com>

3. Review a reference listed on the assessment related to one of your gap areas.

Next “Quickinar”

Interpreting the OSP Assessment Results/Developing an Action Plan

Thursday, November 18, 2021, at 10:30 a.m. PT

<https://www.hsag.com/osp-quickinars>

HSAG HQIC Webinar

Using an Evidence-Based Model to Bring Medication Assisted Treatment (MAT) to the ED

Tuesday, November 2, 2021, 11 a.m. PT

Speaker:

Andrew A. Herring, MD

Register at: <https://www.hsag.com/en/hqic/hqic-events/2021/november-2021/using-medication-assisted-treatment-in-the-emergency-department/?date=11/1/2021>

Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization with an overview of the OSP gap analysis.



Thank you!

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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-10272021-02