Opioid Stewardship Program (OSP) | Session 11

Reevaluating Your Program and Celebrating Success

Jeff Francis, Quality Improvement Specialist

Claudia Kinsella, Quality Improvement Specialist

Thursday, May 26, 2022

Our Opioid Stewardship Program Journey

Your QIO is always here to support as you navigate your self-directed path.

1 **Step One**: *OSP Assessment*—
11 questions identifying current level of implementation

2 **Step Two**: *"Quickinar" sessions*—to review each element of opioid stewardship

3 **Step Three**: *Develop Action Plan*—identify strategies to help implement elements of opioid stewardship

4 **Step Four**: *Implement Action Plan*—utilize tactics, strategies, and resources provided by HSAG

A journey together to make a difference

4

3

2

1

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Why is it important?

- Evaluate progress and celebrate success

- Determine continued gaps to address

- Emphasize continuous improvement model

Are New Processes Working?

Plan – Do – Study – Act (PDSA)

- Make a plan for your next step based on what was learned

- Develop plan to test the change

Act

Plan

Study

Do

- Analyze the results and compare with your predictions

- Test the improvement on a small scale

http://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx

OSP Facility Assessments for Reevaluation

Assessment Design for Measuring Progress

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

Quality Improvement Organizations — Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES | HSAG HEALTH SERVICES ADVISORY GROUP

Facility Name: _Best Care Hospital_ **CCN:** _____ **Assessment Date:** _1/1/22_ **Completed by:** _Jane Doe_

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, 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).[i]	☐	☐	☐	☑	☐
2. Your facility has a workflow that facilitates required Prescription Drug Monitoring Program (PDMP) review for discharging providers prescribing opioids.[ii]	☐	☐	☐	☐	☑
3. Your facility utilizes Enhanced Recovery After Surgery (ERAS) protocols (such as in areas like perioperative, inflammatory, musculoskeletal, and neuropathic injury settings).[iii]	☐	☐	☑	☐	☐
4. Your facility provides treatment for opioid withdrawal.[iv]	☐	☐	☐	☐	☑
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).[v]	☐	☑	☐	☐	☐
6. Your facility refers for medication-assisted treatment (MAT)/substance use disorder treatment (i.e., buprenorphine or methadone in combination with behavioral health therapies).[vi]	☑	☐	☐	☐	☐

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Assessment Design for Measuring Progress (cont.)

Opioid Stewardship Program (OSP) Implementation

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Acute Care Provider OSP Assessment

Facility Name: _Best Care Hospital_ **CCN:** _____ **Assessment Date:** _1/1/22_ **Completed by:** _Jane Doe_

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Assessment Design for Measuring Progress (cont.)

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Acute Care Provider OSP Assessment

Facility Name: _Best Care Hospital_ **CCN:** _____ **Assessment Date:** _6/1/22_ **Completed by:** _Jane Doe_

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Assessment Design for Measuring Progress (cont.)

Opioid Stewardship Program (OSP) Implementation

Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES | **HSAG** HEALTH SERVICES ADVISORY GROUP

Acute Care Provider OSP Assessment
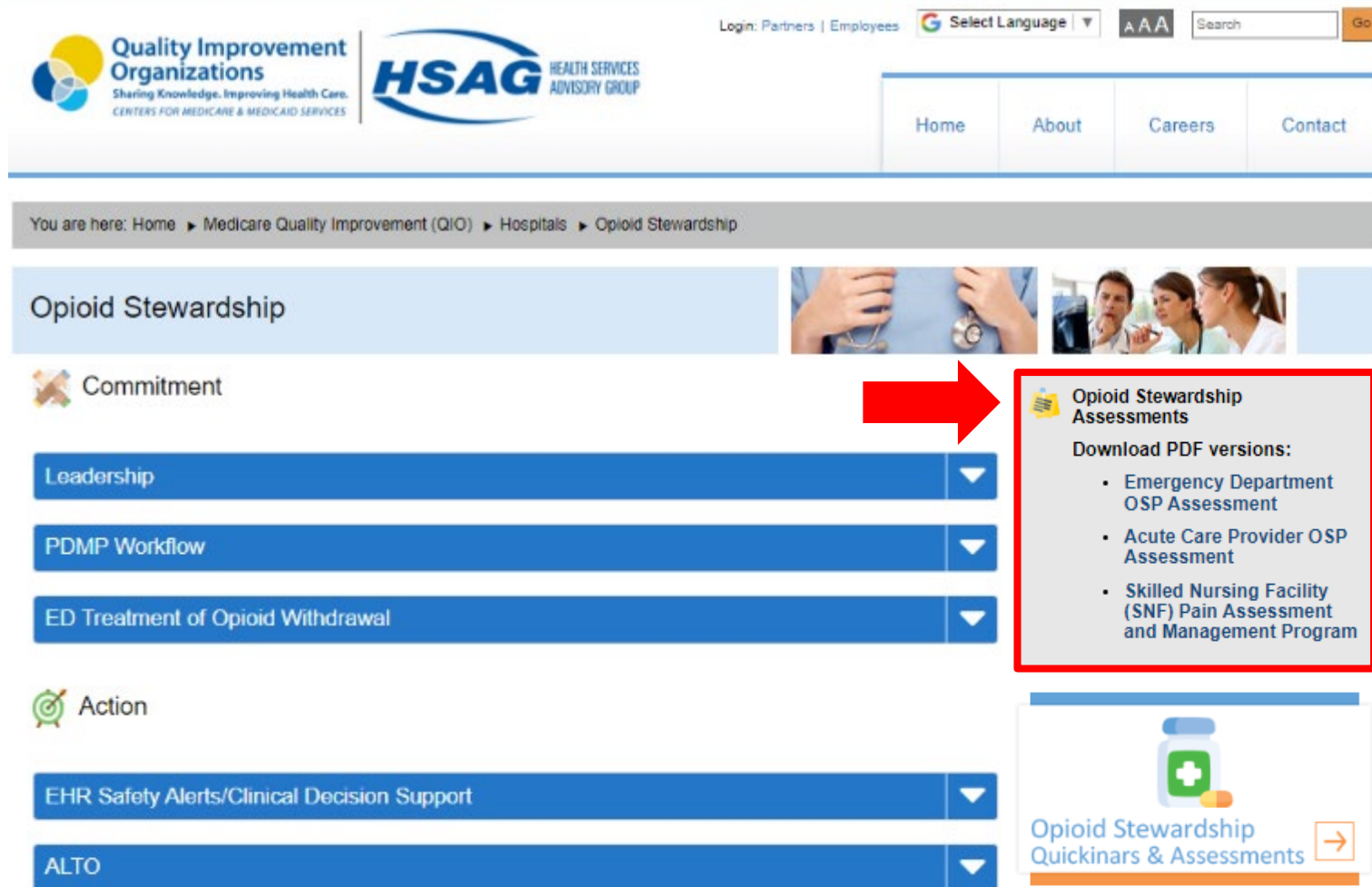
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Assessments Available on HSAG's Opioid Stewardship Resource Site

https://www.hsag.com/osp-resources

Quality Improvement and Innovation Portal (QIIP)

Store assessment history on the HSAG QIIP!

Access from the Opioid Stewardship Resource site by clicking the **Secure Data Portal** tile

Secure Data Portal

- OR -

Direct access link: qiip.hsag.com

Community Success and Best Practices

DATA DRIVEN OUTCOMES

ELISA GUMM DO

PROGRAM DIRECTOR: ADDICTION MEDICINE FELLOWSHIP & MEDICAL DIRECTOR OF ADDICTION SERVICES AT SAVAHCS (TUCSON – VA)

MISSION STATEMENT
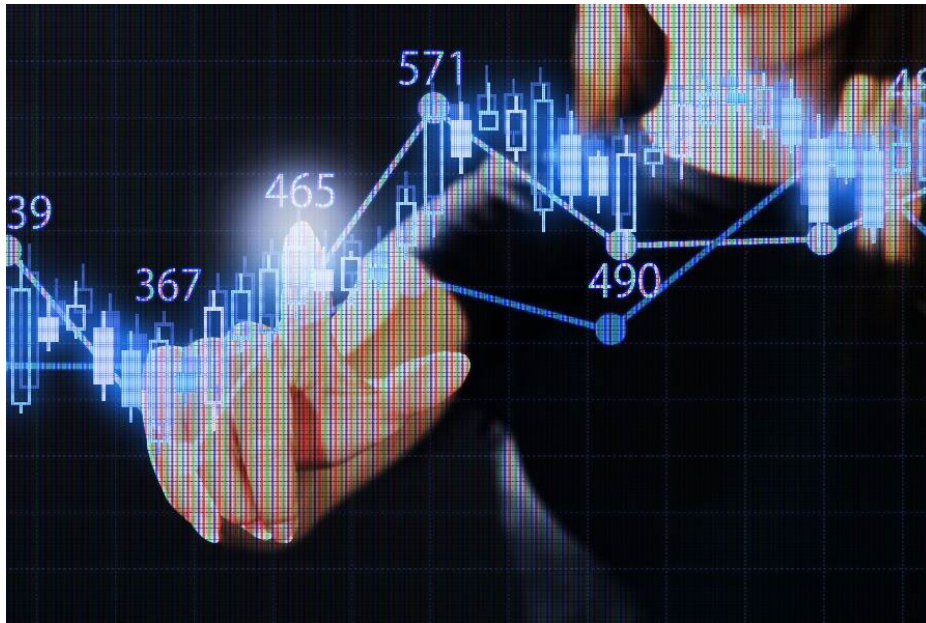
Innovate strategies that promote evidence-based practices, build relationships with healthcare teams, and resolve barriers to improve care.

NALOXONE KITS

Opioid Overdose Education & Naloxone Distribution (OEND)

Dashboard	Priority Panels	Patient Report
VISN Trends	Facility Trends	Naloxone Rx History
Overdose / Naloxone Use		

Other Resources

STORM (OMHSP)

OEND Dashboard

Definitions	Update Status:	Completed
Export · Feedback	Last Updates:	5/23/2022

As of 10/24/2020, new data for patients that comes from any of the Cerner sites (e.g., Spokane) will no longer be captured in any of the ADS data tools. This will continue to expand as new Cerner sites go live until our resources are revised. ADS will be posting announcements in the future as our tools go live with Cerner data.

Location/Prescriber	# Naloxone Fills (All Time)	% Nasal Fills (90d)	% Auto-Inj. Fills (90d)	% IM Fills (90d)	# Naloxone Patients	#Naloxone Prescribers	# Naloxone Uses	# Successful Reversals
VISN 22	48,140	99.81	0.00	0.19	24,912	3,637	241	205
(678) Southern Arizona HCS	8,888	100.00	0.00	0.00	4,033	398	48	39

| Location / Prescriber	Potential Risk Factor	Naloxone Rx Released to Patient (1 year) / Total Patient Cohort			
		Patient Cohort	Score	National Score	¤ Patients w/ No Fill
Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)		RIOSORD Cohort Inclusive of All Opioid, OUD, and OAT Risk Group Patients			
VISN 22	RIOSORD Risk Class (View Publication)	All Patients	59.0%	64.4%	17,328
		⊞ Risk Class ≥ 8	75.8%	77.8%	50
		⊞ Risk Class 5-7	67.6%	67.9%	286
		⊞ Risk Class ≤ 4	37.1%	41.6%	16,992
(678) Southern Arizona HCS	RIOSORD Risk Class (View Publication)	All Patients	74.5%	64.4%	1,383
		⊞ Risk Class ≥ 8	70.0%	77.8%	3
		⊞ Risk Class 5-7	85.2%	67.9%	17
		⊞ Risk Class ≤ 4	58.3%	41.6%	1,363
Opioid Pharmacotherapy					
VISN 22	Opioid + Benzodiazepine	All Patients	60.8%	53.5%	244
	MEDD ≥ 50 (Last 30 days)	All Patients	63.0%	59.2%	732
	MEDD ≥ 90 in Past Year w/ No Fill in the Past 90 Days	All Patients	41.7%	31.0%	154
	Methadone (Outpatient Rx or Active Non-VA Medication)	All Patients	60.0%	57.5%	275
(678) Southern Arizona HCS	Opioid + Benzodiazepine	All Patients	79.4%	53.5%	14
	MEDD ≥ 50 (Last 30 days)	All Patients	87.2%	59.2%	38
	MEDD ≥ 90 in Past Year w/ No Fill in the Past 90 Days	All Patients	43.9%	31.0%	23
	Methadone (Outpatient Rx or Active Non-VA Medication)	All Patients	87.6%	57.5%	13
OUD & MOUD Pharmacotherapy					
VISN 22	OUD Diagnosis	All Patients	63.1%	64.0%	1,729
	Possible Overdose (3 Years)	All Patients	43.4%	49.0%	532
	Buprenorphine SL (Outpatient Rx or Active Non-VA Medication)	All Patients	78.3%	75.1%	323
	Naltrexone (Outpatient Rx, Active Non-VA, or Recent Clinic Order)	OUD Patients	61.9%	67.8%	24
	OUD-Related Fee Basis	All Patients			0
	Stimulant Use Disorder (New)	All Patients	21.1%	24.8%	6,225
(678) Southern Arizona HCS	OUD Diagnosis	All Patients	90.5%	64.0%	46
	Possible Overdose (3 Years)	All Patients	60.4%	49.0%	55
	Buprenorphine SL (Outpatient Rx or Active Non-VA Medication)	All Patients	98.9%	75.1%	2
	Naltrexone (Outpatient Rx, Active Non-VA, or Recent Clinic Order)	OUD Patients	100.0%	67.8%	0
	OUD-Related Fee Basis	All Patients			0
	Stimulant Use Disorder (New)	All Patients	42.5%	24.8%	402

NALOXONE KITS

Phase 2: % At-Risk ED/UCC Patients Prescribed Naloxone
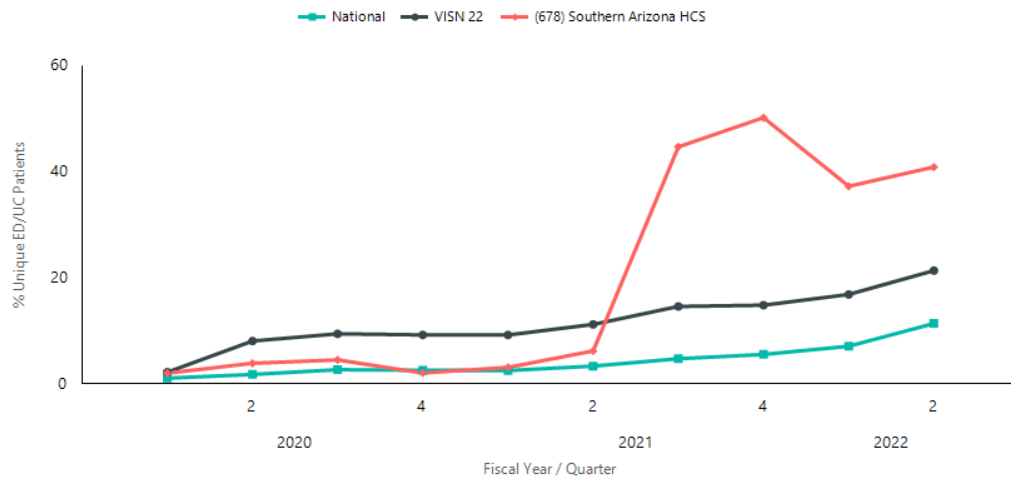
Location / Provider	Value	Q1 FY20	Q2 FY20	Q3 FY20	Q4 FY20	Q1 FY21	Q2 FY21	Q3 FY21	Q4 FY21	Q1 FY22	Q2 FY22
National	Numerator: # At-Risk Pats Prescribed Naloxone	225	350	375	414	377	463	700	818	936	1325
	Denominator: # At-Risk Pats	20706	19294	13885	15950	14853	13689	14664	14665	13130	11601
	Score (%)	1.09	1.81	2.70	2.60	2.54	3.38	4.77	5.58	7.13	11.42
VISN 22	Numerator: # At-Risk Pats Prescribed Naloxone	39	133	124	133	125	143	195	201	204	256
	Denominator: # At-Risk Pats	1751	1639	1310	1435	1352	1272	1332	1352	1207	1196
	Score (%)	2.23	8.11	9.47	9.27	9.25	11.24	14.64	14.87	16.90	21.40
(678) Southern Arizona HCS	Numerator: # At-Risk Pats Prescribed Naloxone	3	6	5	3	4	8	81	97	50	61
	Denominator: # At-Risk Pats	147	153	110	144	128	128	181	193	134	149
	Score (%)	2.04	3.92	4.55	2.08	3.13	6.25	44.75	50.26	37.31	40.94

NALOXONE KITS

Naloxone Prescriptions Released by Quarter

(678) Southern Arizona HCS
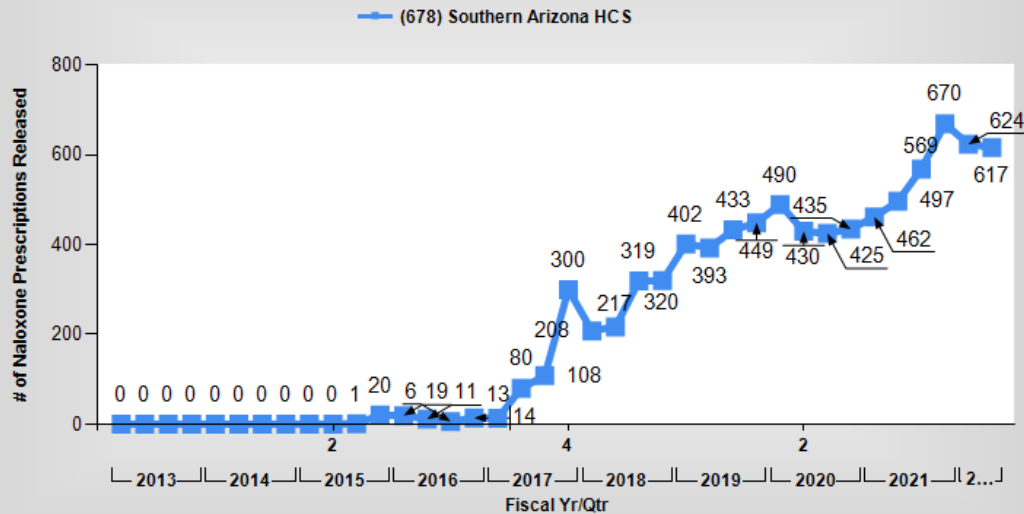
Naloxone Prescribers by Quarter

(678) Southern Arizona HCS
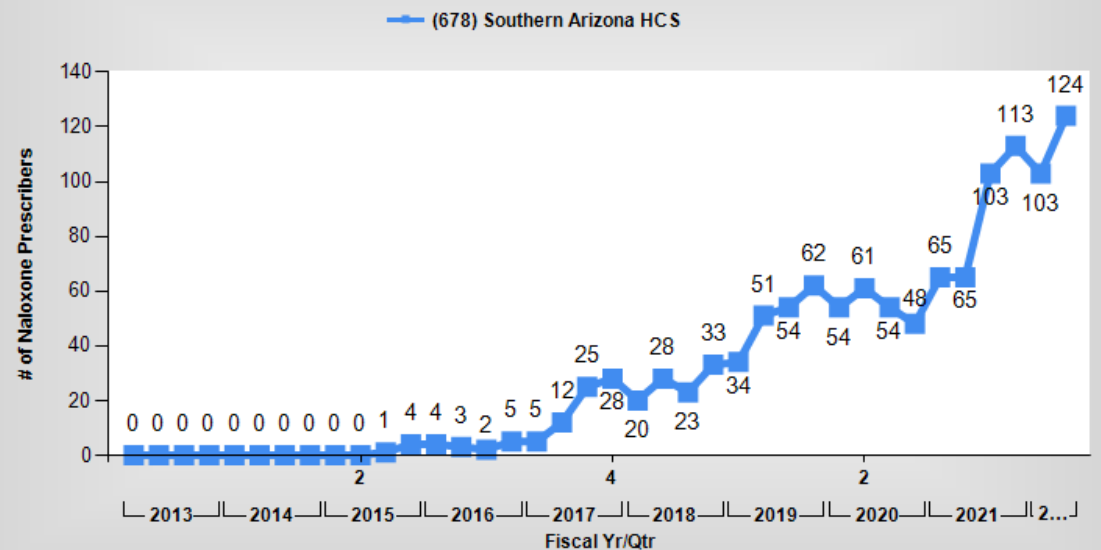
Location/Prescriber	# Naloxone Fills (All Time)
VISN 22	48,140
(678) Southern Arizona HCS	8,888

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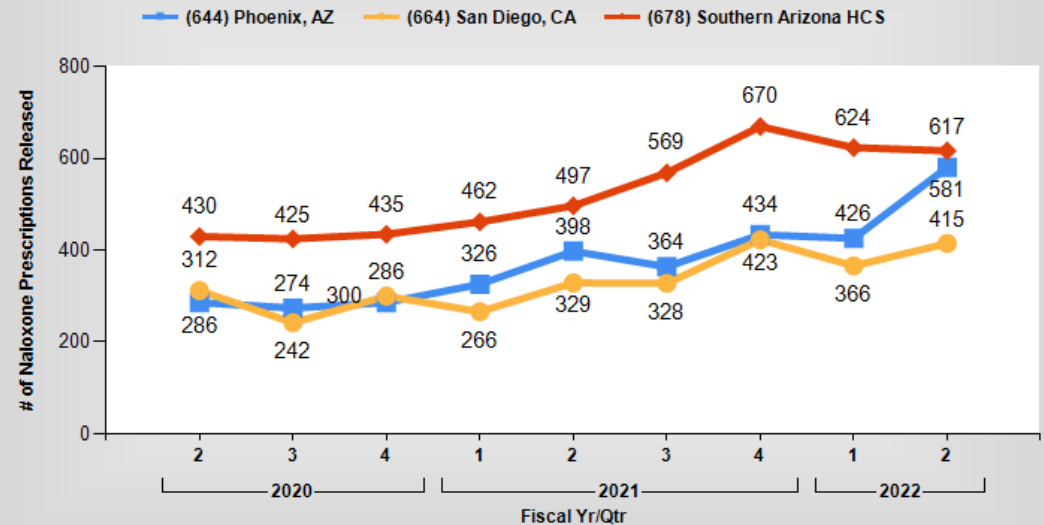
BENEFITS

- Rewarding

- Improved quality of care

- Improved patient outcomes

- Easier to connect systems

- Identify holes in the system

- Develop micro and macro interventions

CONNECTING METRICS TO IMPROVE OVERALL CARE

Substance Use Disorder

Measure Description	Measure Name	Preferred Direction	Location	FY2022 Qtr1		
				Numerator	Denominator	Score
% SUD diagnosed	SUD2	↑	(V22) (678) Southern Arizona HCS	4,313	50,445	8.55%
% SUD specialty treated	SUD3	↑	(V22) (678) Southern Arizona HCS	1,067	4,313	24.74%
% intensive residential SUD treated	SUD5	↑	(V22) (678) Southern Arizona HCS	60	4,459	1.35%
% intensive outpatient SUD treated	SUD6	↑	(V22) (678) Southern Arizona HCS	63	4,459	1.41%
Weeks intensive residential SUD treatment	SUD7	↓	(V22) (678) Southern Arizona HCS	376	60	6.27
Weeks intensive outpatient SUD treatment	SUD8	↑	(V22) (678) Southern Arizona HCS	227	63	3.6
% SUD-dxed Vets who used intensive SUD treatment	SUD4	↑	(V22) (678) Southern Arizona HCS	115	4,459	2.58%

Psychotherapy

Measure Description	Measure Name	Preferred Direction	Location	FY2022 Qtr1		
				Numerator	Denominator	Score
% SUD-dxed Vets w/ psychosocial tx for SUD, weighted	PSY36	↑	(V22) (678) Southern Arizona HCS	1,152	4,069	28.32%
% SUD-dxed&trtd Vets w/ 4 psychosocial tx visits in 8 weeks, weighted	PSY37	↑	(V22) (678) Southern Arizona HCS	524	1,070	48.97%

Psychotropic Drug Safety Initiative

Measure Description	Measure Name	Preferred Direction	Location	FY2022 Qtr1		
				Numerator	Denominator	Score
% of patients with opioid use disorder dispensed an outpatient naloxone prescription	OEND2	↑	(V22) (678) Southern Arizona HCS	411	448	91.74%
% Number of Veterans with opioid use disorder dx who received MAT	SUD16PDSI	↑	(V22) (678) Southern Arizona HCS	316	448	70.54%

Questions?

Community Best Practice: Monitoring Opioid/Benzo Co-prescribing

	METRIC	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL
1	Total # of Prescriptions	9430	10290	11662	15010	9383	10944	9423	9919	9593	8850	9536		114040
2	# of Opioid Prescriptions	53	55	62	63	60	62	60	72	62	46	51		646
3	# of Patients Receiving Opioids	19	20	25	27	22	28	27	39	26	18	19		270
4	Average Daily MME/RX	12	13	15	13	16	11	13	16	13	11	15		148
5	Total MME	3846	2909	4711	4422	3887	3886	3930	4321	4335	3210	3080		42537
6	Total MME/Total # of Prescriptions	0.41	0.28	0.40	0.29	0.41	0.36	0.42	0.44	0.45	0.36	0.32		4
7	# of Patients with a Total Daily MME 50-89	0	0	1	1	0	0	1	1	1	0	0		5
8	# of Patients with a Total Daily MME 90-149	0	0	0	0	0	0	0	0	0	0	0		0
9	# of Patients with a Total Daily MME ≥150	0	0	0	0	0	0	0	0	0	0	0		0
10	# of Patients with Opioid + BZD 50-89 MME	0	0	1	0	0	0	0	0	0	0	0		1
11	# of Patients with Opioid + BZD ≥90 MME	0	0	0	0	0	0	0	0	0	0	0		0
12	# of Nasal or Injection Naloxone Prescriptions	2	0	1	0	1	1	1	0	0	0	2		8
13	# of Buprenorphine (any) Prescriptions	1	1	1	1	1	1	1	0	1	2	1		11
14	# of Oral Methadone Prescriptions	0	0	0	0	0	0	0	0	0	0	0		0

	METRIC	SOURCE
1	Total # of Prescriptions	RPMS AMIS: NEW + REFILL = Total
2	# of Opioid Prescriptions	RRIP: Total CS by Div Tab
3	# of Patients Receiving Opioids	RRIP: TDMME by Patient Tab
4	Average Daily MME/RX	RRIP: DMME by Div Tab
5	Total MME	RRIP: TMME by Div Tab
6	Total MME/Total # of Prescriptions	RRIP and RPMS AMIS: 'Total MME' is divided into 'Total # of Prescriptions' which will auto Calculate to get a ratio
7	# of Patients with a Total Daily MME 50-89	RRIP: Manual Count > TDMME by Patient Tab
8	# of Patients with a Total Daily MME 90-149	RRIP: Manual Count > TDMME by Patient Tab
9	# of Patients with a Total Daily MME ≥150	RRIP: Manual Count > TDMME by Patient Tab
10	# of Patients with concurrent oral Opioid + oral BZD (chronic) with 50-89 MME	RRIP: Manual Count > TDMME by Patient Tab
11	# of Patients with concurrent oral Opioid + oral BZD (chronic) with ≥90 MME	RRIP: Manual Count > TDMME by Patient Tab
12	# of Nasal or Injection Naloxone Prescriptions	RPMS DUER
13	# of Buprenorphine (any) Prescriptions	RPMS DUER
14	# of Oral Methadone Prescriptions	RPMS DUER

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Action Items

1. Revisit the OSP facility assessment. Identify your next OSP implementation strategy and **take action**!

2. Identify dashboard metrics for your opioid stewardship multidisciplinary team to prioritize.

ONE CHALLENGE AT A TIME!

Full OSP "Quickinar" Series now on demand

OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format
Thursday, October 21, 2021 | 10:30–11:00 a.m. PT ✔

OSP Assessment Overview
Thursday, October 28, 2021 | 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 ✔

Developing a Dashboard
Thursday, December 9, 2021 | 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 ✔

A Good Discharge Plan for Pain Management with Opioids
Thursday, January 27, 2022 | 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 ✔

Double Trouble: Benzos and Opioids | Harm Reduction with Naloxone
Thursday, March 10, 2022 | 10:30–11:00 a.m. PT ✔

Medication for OUD (MOUD): Prescribing Buprenorphine
Thursday, April 14, 2022 | 10:30–11:00 a.m. PT ✔

Getting Patient Buy-in through Education
Thursday, May 12, 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 ✔

Access session recordings, PowerPoint presentations, and resources!
https://www.hsag.com/en/medicare-providers/osp-quickinar-series/

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T___ Decem___ | 10:3_ a.m_ ✓

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___edication fo___ ___ ___OU___ ___ribing Buprenorphine
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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 strategies for implementing opioid stewardship practices.

Contact us:

Jeff Francis | jfrancis@hsag.com

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