



NORTHEAST OHIO HOSPITAL OPIOID CONSORTIUM



GOAL & OBJECTIVES **E** EDUCATION **D** DATA **P** POLICY **CP** COMMUNITY PARTNERSHIP

OD2A: CDC Overdose Data to Action Grant Program



EDUCATION AND PATIENT MANAGEMENT


| GOAL | RELATED OD2A Strategy | INITIATE | OBJECTIVE | TARGET COMPLETION | STATUS |
|--|-----------------------|--------------|--|-------------------|------------------|
| E CP CREATE COMPREHENSIVE EDUCATION PROGRAM FOR NURSES AND FRONTLINE STAFF | | QTR IV 2019 | Utilize nurse education program to create scope appropriate education program for frontline staff, including medical assistants and ambulatory care staff. | QTR I 2020 | IN PROGRESS |
| | | QTR III 2018 | Develop evaluation criteria and measure outcomes through pre-and-post surveys for nurses, medical assistants, frontline staff and ambulatory care staff. Track and measure completion of the education programs, offering to 100% of the target audiences with an overall 60% completion. Identify impact on practice change, address remaining gaps, revise and continue. | QTR IV 2020 | IN PROGRESS |
| | | QTR IV 2018 | Distribute resources for increased accessibility | QTR I 2019 | COMPLETE/ONGOING |
| E CP DEVELOP HIGH-LEVEL PROVIDER EDUCATION | Strategy 4/7 | QTR IV 2019 | Develop protocols in association with Consortium partners based on best practices that can be replicated in other health systems to track, peer-review and educate high-risk prescribers <ul style="list-style-type: none"> Implement Academic Detailing; Implement creation of protocols/procedures for expanding ED OUD Support system for helping clients presenting with OUD (Non-opioid pain management, linkage to MAT, Peer Coach support) Provide training on Academic Detailing, technical assistance, and consultation via continuous communication including email and assistance calls, and webinars. Clinician and provider training and support systems for implementation of full suite of safe prescribing practices to support patients with chronic pain and or OUD. Disseminate content, toolkit and/or information on training opportunities to providers. | QTR III 2020 | IN PROGRESS |
| | | QTR IV 2019 | Assess current opioid use disorder (OUD) education for Ohio pharmacists and use of MAT. Provide educational resources to Consortium pharmacists on OUD, MAT, and Naloxone co-prescribing. | QTR II 2020 | NOT STARTED |
| | | QTR I 2020 | All residency training programs within Consortium hospitals (general practice, internal medicine, OB-GYN, Peds and psychiatry) to include at least one physician faculty member certified to provide MAT in every outpatient site that trains residents or medical students. | QTR IV 2020 | NOT STARTED |

HARM REDUCTION


| GOAL | RELATED OD2A Strategy | INITIATE | OBJECTIVE | TARGET COMPLETION | STATUS |
|--|-----------------------|--------------|---|-------------------|---------------------|
|  INCREASE ACCESS TO AND USE OF NASAL NALOXONE | Strategy 5 | QTR I 2020 | Continue disseminating Naloxone educational resources to patients and families: <ul style="list-style-type: none"> Maintain online Naloxone Toolkit and Comprehensive Provider menu Implement campaign strategies to raise Naloxone awareness | QTR IV 2020 | IN PROGRESS |
| | Strategy 5 | QTR III 2019 | Advocate for implementing standard Naloxone distribution protocols throughout Cuyahoga County care access points through partnerships: <ul style="list-style-type: none"> Collaborate with hospitals and CCBH staff Communicate with CCBH Drug Overdose Prevention Program on implementation, barriers, and results of increasing access and use of Naloxone Hospital member liaison to CCBH regard increasing implementation of Naloxone in the ED's Advise hospital decision makers on best practices for Naloxone in the ED's Participate in discussions around quality improvement and future program sustainability | QTR IV 2020 | IN PROGRESS |
|  INTEGRATE SBIRT WORKFLOWS INTO EHR ACROSS ALL CARE SETTINGS | Strategy 6 | QTR IV 2018 | Implement evidence-based screening and risk assessments (i.e., AUDIT C, CAGE AID) Implement process of Screening, Brief Intervention, and Referral to Treatment (SBIRT), consistently, across all care settings during each admission. <ul style="list-style-type: none"> EHR integration as a strategy to facilitate SBIRT delivery Staff and Provider training to support SBIRT delivery Processes for billing and reimbursement for SBIRT | QTR IV 2020 | IN PROGRESS/ONGOING |

TREATMENT


| GOAL | RELATED OD2A Strategy | INITIATE | OBJECTIVE | TARGET COMPLETION | STATUS |
|--|-----------------------|-------------|---|-------------------|-------------|
|  INCREASE USE OF MAT | Strategy 7 | QTR IV 2019 | Develop provider educational platform on benefits of MAT, including buprenorphine. Expand MAT training in residency programs (see Education and Patient Management) | QTR IV 2020 | IN PROGRESS |
| | | QTR II 2020 | Incorporate ECHO (Extension for Community Healthcare Outcomes) model Increase use of MAT by 100%. | QTR IV 2020 | NOT STARTED |
| | | QTR I 2019 | 100% of Consortium hospitals will offer high-risk SUD patients addiction consultation services for evaluation and follow-up | QTR IV 2019 | IN PROGRESS |
|  | Strategy 6 | QTR IV 2018 | Expand hospital use of peer support programs to improve linkage of care to opioid treatment: <ul style="list-style-type: none"> Establish process to incorporate Peer Recovery Support team in hospital systems Establish on-call Peer Support services program | QTR IV 2020 | IN PROGRESS |

| | | | | | |
|--|--|-------------|--|-------------|-----------------|
| LINK PATIENTS TO OPIOID TREATMENT PROGRAMS (OTPs) | | QTR II 2018 | Assess government and non-government insurance coverage for detoxification and treatment (heroin and opioid), identify reimbursement gaps, and develop opportunities for OTP growth. ASAM OUD Coverage | TBD | ONGOING/MONITOR |
|  EXPAND OTP OPTIONS | | QTR II 2020 | Create or expand telehealth solutions that includes SUD treatment. | QTR IV 2020 | NOT STARTED |

PREVENTION

| GOAL | RELATED OD2A Strategy | INITIATE | OBJECTIVE | TARGET COMPLETION | STATUS |
|--|-----------------------|--------------|--|-------------------|------------------|
|  IMPROVE PAIN MANAGEMENT PRACTICES | Strategy 4 | QTR IV 2019 | Develop and share quality prescriber peer review with PDMP enhancements: <ul style="list-style-type: none"> Develop protocols in association with Consortium partners based on best practices that can be replicated in other health systems to track, peer-review and educate high-risk prescribers Clinician and provider training and support systems for implementation of full suite of safe prescribing practices to support patients with chronic pain and or OUD | QTR IV 2020 | IN PROGRESS |
| | Strategy 4 | ONGOING | Provide educational opportunities to help prescribers fully incorporate state and federal opioid prescribing guidelines. | ONGOING | IN PROGRESS |
| | Strategy 4 | QTR IV 2019 | Incorporate in treatment process utilization of and expansion of alternative/holistic pain management techniques for those with chronic pain, OUD and SUD diagnosis. | QTR III 2020 | IN PROGRESS |
| | | QTR II 2018 | Assess government and non-government insurance coverage for alternative/holistic pain management modalities to identify gaps and opportunities for program and reimbursement changes. | TBD | COMPLETE/ONGOING |
| | Strategy 4 | QTR III 2020 | Support to enhance provider utilization of PDMP data in non-traditional settings (dental, private, veterinary practices). In collaboration with CCBH. | TBD | NOT STARTED |

DATA

| GOAL | RELATED OD2A Strategy | INITIATE | OBJECTIVE | TARGET COMPLETION | STATUS |
|--|-----------------------|------------|---|-------------------|-------------|
|  DEVELOP DATA SET TO MEASURE IMPACT AND IMPROVE OUTCOMES | Strategy 3 | QTR I 2020 | Assist partners to develop a procedure to create data dashboard using drug overdose integrated epidemiological profile (DOIEP) for Cuyahoga County to identify: <ul style="list-style-type: none"> Trends and patterns on additional risk factors Prevention and intervention training needs Quick Response Team outreach Education and training needs of medical providers | QTR IV 2020 | NOT STARTED |
| | | QTR I 2020 | Survey Consortium hospitals to determine data points to include in Consortium Opioid Data Dashboard. | QTR III 2020 | NOT STARTED |

| | | | | | |
|--|--------------|--------------|--|-------------|-------------|
| | Strategy 3/5 | QTR III 2020 | Create comprehensive and interactive Opioid Data Dashboard consisting of multiple secondary data sources and potentially primary data from Consortium hospitals. | QTR IV 2020 | NOT STARTED |
|--|--------------|--------------|--|-------------|-------------|

POLICY RECOMMENDATIONS

L LOCAL **S** STATE **F** FEDERAL

| FOCAL AREA | LEVEL | INITIATE | OBJECTIVE | STATUS |
|---------------|--------------|--------------|--|----------------------|
| TREATMENT | F | QTR I 2020 | Increase the number of DATA 2000 waived providers, actively prescribing, through incentivized programs such as the 21 st Century Cures Act. | IN PROGRESS |
| | F | QTR II 2018 | Support to amend 42 CFR Part 2 to align with the Health Insurance Portability and Accountability Act (HIPAA). | COMPLETE/ MONITOR |
| | L S F | QTR III 2018 | Dedicate additional resources for treatment beds, including sober living and transitional housing. | ONGOING |
| | S F | QTR I 2020 | Develop a partnership with the Ohio Department of Mental Health and Addiction Services (OhioMHAS), invite director to Opioid Consortium in 2020. Advocate for eliminating prior authorization for MAT and expand treatment alternative options to treat pain for both Medicare and Medicaid enrollees. | NOT STARTED |
| REIMBURSEMENT | F | QTR I 2020 | Eliminate 190-day lifetime cap for Medicare inpatient psychiatric hospital reimbursement. | NOT STARTED |
| | S F | QTR II 2018 | Eliminate the IMD exclusion and begin reimbursing providers for delivering treatment to Medicaid enrollees. **Update: 2018, partially appealed under HR 6 ; Ohio Waiver 1115 option for reimbursement. | COMPLETE/ MONITOR |
| | S | | Seek to eliminate Anthem's MAT prior-authorization requirement for Nurse Practitioners and Physician Assistants. | NOT STARTED |
| | L S F | QTR IV 2019 | Seek other avenues to support additional funding for naloxone distribution to lessen the burden on municipalities (i.e., opioid settlement, federal and state programs). | NOT STARTED |
| | S F | QTR IV 2019 | Seek other avenues to support additional funding for hospital peer support programs (i.e., opioid settlement, federal and state programs). | NOT STARTED |
| | F | QTR III 2018 | Consider use of regional and/or statewide Health Information Exchange (HIE). | NOT STARTED |
| EDUCATION | F | QTR II 2018 | Support HHS' development of a national curriculum and standard of care for opioid prescribers, as outlined in the President's commission report . | IN PROGRESS |
| ADVOCACY | S F | QTR IV 2019 | Invite key state and federal officials to Opioid Consortium to learn more on physician-led model, and advocate for health policy reform that supports mental health, addiction treatment and recovery care in NE Ohio. | IN PROGRESS |