

NORTHEAST OHIO HOSPITAL OPIOID CONSORTIUM

GOAL & OBJECTIVES



EDUCATION



DATA



POLICY



COMMUNITY PARTNERSHIP








COMMUNICATION

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
DEVELOP CONSORTIUM COLLABORATIVE WEBSITE		QTR II 2018	Develop collaborative, interactive SharePoint website to communicate with members, share best practices, and easily disseminate updates, information and data.	QTR II 2018	COMPLETE
DEVELOP CO-BRANDED PROGRAM VIDEO		QTR III 2018	Create brief informational video featuring Consortium member hospitals and highlighting collaborative approaches to address the opioid crisis.	QTR I 2019	COMPLETE






EDUCATION AND PATIENT MANAGEMENT

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
CREATE COMPREHENSIVE EDUCATION PROGRAM FOR NURSES AND FRONTLINE STAFF		QTR II 2018	Nursing education program: <ul style="list-style-type: none"> Form education subcommittee comprised of hospital nurse leaders. Survey and analyze existing educational practices and resources across Consortium hospitals. Explore certification options. 	QTR II 2018	COMPLETE
		QTR II 2018	Obtain, review and integrate content for a standardized nurse education program for use across the continuum of care (e.g., emergency department, acute care, and ambulatory care). Topics will include: <ul style="list-style-type: none"> The disease of addiction and its physiology Opioid risk tools and withdrawal assessments; Utilization of AUDIT-C and CAGE-AID screening tools and SBIRT model (Screen, Brief Intervention, Referral to Treatment) Communicating with and treating patients with Substance Use Disorder (SUD); Managing patients with medical complexities and co-occurring SUD; Managing patients with difficult behaviors as well as, family and visitors.; Pain management and addiction certifications (see Prevention); Education program to include contact hours/CEUs. 	QTR III 2018	COMPLETE
		QTR IV 2018	Utilize nurse education program to create scope appropriate education program for frontline staff, including medical assistants and ambulatory care staff.	QTR II 2019	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 2019	IN PROGRESS




EDUCATION AND PATIENT MANAGEMENT (continued)

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
EXPAND AVAILABILITY OF PATIENT AND PUBLIC EDUCATION RESOURCES		QTR II 2018	<ul style="list-style-type: none"> Assess current educational resources for patients and general public. Collect and review existing patient education content including Narcan resources (see Harm Reduction). Utilize Deaths Avoided with Naloxone (DAWN) materials. 	QTR IV 2018	COMPLETE
		QTR IV 2018	<ul style="list-style-type: none"> Distribute resources for increased accessibility 	QTR I 2019	COMPLETE/ON GOING
DEVELOP HIGH-LEVEL PROVIDER EDUCATION		QTR I 2019	<ul style="list-style-type: none"> Collect, assess, and synthesize current provider education resources, content and initiatives to create a standardized program for non-physician providers, including APRNs and PAs. Assess and compile educational program materials targeted to Primary Care Physicians (PCPs), including managing patients with medical complexities and co-occurring SUD, managing patients with difficult behaviors, and managing families and visitors. Disseminate content, toolkit and/or information about training opportunities. 	QTR II 2019	IN PROGRESS
		QTR III 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 IV 2019	NOT STARTED
		QTR II 2019	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 III 2019	NOT STARTED













HARM REDUCTION

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
INCREASE ACCESS TO AND USE OF NASAL NARCAN		QTR II 2018	<ul style="list-style-type: none"> Assess current nasal Narcan availability in inpatient and outpatient departments. Assess availability of Narcan in hospital retail pharmacies. Assess availability of Narcan in emergency departments (EDs). 	QTR IV 2018	COMPLETE
		QTR III 2018	Develop and disseminate educational and resource toolkits for staff distribution to patients and families, including: <ul style="list-style-type: none"> Nasal Narcan frequently asked questions. Where/how to acquire nasal Narcan. Information on treatment options for the disease of addiction. Destigmatize addiction (addiction as a disease, etc.) Incorporate existing DAWN materials. 	QTR II 2019	IN PROGRESS
	 	QTR III 2018	Create comprehensive menu for providing nasal Narcan to patients at all stages in the continuum of care with the goal of increasing the amount of primary care physicians prescribing nasal Narcan. Menu to include: <ul style="list-style-type: none"> Guidelines to identify at-risk patients and recommendations for prescribing nasal Narcan. Physician talking points for at-risk patients. Educational resources providers can distribute to patients and families. 	QTR II 2019	IN PROGRESS
		QTR IV 2018	Assess feasibility and potential to expand availability of nasal Narcan take-home kits in emergency departments	QTR I 2019	COMPLETE







STATUS COLOR KEY **RED** (serious issues/delays requiring immediate action) **YELLOW** (potential for serious issues requiring corrective action) **GREEN** (on track)

		QTR IV 2018	Assess feasibility and potential to expand availability of nasal Narcan take-home kits in hospital retail pharmacies.	QTR I 2019	COMPLETE
INTEGRATE SBIRT WORKFLOWS INTO EHR ACROSS ALL CARE SETTINGS	 	QTR IV 2018	<ul style="list-style-type: none"> Implement consistent use of evidence-based screening and risk tools (recommended: CAGE-AID or AUDIT C) during admission in all care settings. 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 COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
INCREASE USE OF MEDICATION ASSISTED TREATMENT (MAT)	 	QTR IV 2018	<ul style="list-style-type: none"> Submit a formal recommendation to Consortium hospital credentialing offices to include a process to identify waived providers within system and to share waived provider names with care coordinators to assist with linkage of care to treatment. Survey prescribers (convenience sample) to identify barriers to prescribing MAT. 	QTR II 2019	IN PROGRESS
		QTR II 2019	<ul style="list-style-type: none"> Develop provider educational platform on benefits of MAT, including buprenorphine. Expand MAT training in residency programs (see Education and Patient Management) 	QTR IV 2019	NOT STARTED
		QTR III 2019	<ul style="list-style-type: none"> Incorporate ECHO (Extension for Community Healthcare Outcomes) model Increase use of MAT by 100%. 	QTR II 2020	NOT STARTED
EXPAND USE OF ADDICTION CONSULTATION SERVICES		QTR II 2019	<ul style="list-style-type: none"> Assess availability of addiction consultation services and explore expansion opportunities within hospital environment. Identify, examine and compare coordinated care plans among hospitals systems and provide resources to assist with patients in coordinated care programs. 	QTR III 2019	NOT STARTED
		QTR I 2019	100% of Consortium hospitals will offer high-risk SUD patients addiction consultation services for evaluation and follow-up	QTR III 2019	NOT STARTED
LINK PATIENTS TO OPIOID TREATMENT PROGRAMS (OTPs)	  	QTR IV 2018	Expand hospital use of peer support programs: <ul style="list-style-type: none"> Assess current utilization and reimbursement. Explore Ascent program (ADAMHS Board). Explore feasibility of expanding education programs and certification. 	QTR IV 2019	IN PROGRESS
		QTR II 2018	Determine and compile inventory of treatment options. SAMHSA treatment locator: https://findtreatment.samhsa.gov .	QTR III 2018	COMPLETE
		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
EXPAND OPIOID TREATMENT PROGRAM (OTP) OPTIONS		QTR II & III 2018	Explore availability and barriers to hospital detox and treatment services.	QTR III 2018	COMPLETE
		QTR III 2019	Create or expand telehealth solutions that includes SUD treatment.	QTR I 2020	NOT STARTED

PREVENTION

GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
IMPROVE PAIN MANAGEMENT PRACTICES		ONGOING	Develop and share quality prescriber peer review and identify outliers	ONGOING	IN PROGRESS
		ONGOING	Provide educational opportunities to help prescribers fully incorporate state and federal opioid prescribing guidelines.	ONGOING	IN PROGRESS
		QTR IV 2018	Identify availability, utilization and expansion of alternative/holistic pain management techniques and SUD treatment modalities.	QTR II 2019	NOT STARTED
	 	QTR II 2018	Explore creation of pain management nurse champions through certification programs in pain management, alternative/holistic pain management techniques and SUD treatment modalities.	QTR IV 2018	COMPLETE
		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	IN PROGRESS

DATA

















GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
DEVELOP DATA SET TO MEASURE IMPACT AND IMPROVE OUTCOMES		QTR II 2018	Provide comprehensive collection of secondary data sets (e.g., OHA, and Cuyahoga County Medical Examiner, OARRS data) to Consortium members through SharePoint site.	QTR II 2018	COMPLETE / ONGOING
		QTR III 2018	Explore feasibility of collecting aggregated regional hospital prescribing data from OHA to demonstrate changes in prescribing practices and identify opportunities for improvement. *Dependent on OHA data collection and data sharing agreements.	QTR IV 2019	NOT STARTED
		QTR II 2019	Survey Consortium hospitals to determine data points to include in Consortium Opioid Data Dashboard.	QTR IV 2019	NOT STARTED
		QTR II 2019	Create comprehensive and interactive Opioid Data Dashboard consisting of multiple secondary data sources and potentially primary data.	QTR IV 2019	NOT STARTED

POLICY RECOMMENDATIONS

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

FOCAL AREA	LEVEL	INITIATE	OBJECTIVE	STATUS
TREATMENT	L S F	QTR II 2018	Enhance access to MAT and lessen regulations regarding suboxone prescribing. ** HR 6 , Includes: telehealth, OTPs, increase waived providers, grants for FQHCs and Rural Health Centers to train providers.	IN PROGRESS
	S F	QTR II 2018	Maintain insurance coverage, including Medicaid expansion. ** HR 6 , includes: a demonstration project for an enhanced federal Medicaid match for SUD services and requires state Medicaid programs to cover MAT.	COMPLETE/ Monitor
	S F	QTR II 2018	Increase patient limits for buprenorphine prescribing. **Update: 2018, Raised patient limit to 275 for physicians.	COMPLETE/ Monitor
	F	QTR III 2018	Incentivize MAT prescriber education by increasing Medicare reimbursement under the Merit-based Incentive Payment (MIPs) System.	NOT STARTED
	F	QTR II 2018	Amend 42 CFR Part 2 to align with the Health Insurance Portability and Accountability Act (HIPAA).	IN PROGRESS
	F	QTR II 2018	Pass H.R. 5197, which directs HHS to conduct a demonstration program to test alternative pain management protocols specific to emergency departments.	EXPIRED in Senate
	S F	QTR II 2018	Require all public and private insurers to cover all treatment types (including, but not limited to: detoxification, inpatient treatment, outpatient treatment, medication-assisted treatment, and residential treatment).	ONGOING
OTHER TREATMENT CONSIDERATIONS	L S F	QTR III 2018	Dedicate additional resources for treatment beds, including sober living and transitional housing.	ONGOING
REIMBURSEMENT	S F	QTR II 2018	Eliminate prior authorization for MAT for both Medicare and Medicaid enrollees.	IN PROGRESS
	F	QTR III 2018	Eliminate 190-day lifetime cap for Medicare inpatient psychiatric hospital reimbursement.	NOT STARTED
	S F	QTR II 2018	Expand reimbursement for treatment alternatives to opioids for pain.	IN PROGRESS
	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	IN PROGRESS
OTHER REIMBURSEMENT CONSIDERATIONS	S F	QTR II 2018	Realign incentives: opioids are currently a cheaper alternative for both providers and patients than most over-the-counter pain relievers and less expensive than enrolling patients into therapy to address addiction. ** HR 6 , requires: HHS to review OPDS and APS payments to ensure there are no incentives to use opioids vs. evidence-based non opioid alternatives and if found, to revise the rule.	IN PROGRESS
	S F	QTR II 2018	Encourage ODM to reimburse for hospital peer support programs.	COMPLETE/ ONGOING
PRESCRIBING, DATA TRACKING AND EHR UTILIZATION	F	QTR II 2018	Invest in Prescription Drug Monitoring Programs (PDPMs) to encourage greater information sharing between providers. ** HR 6 , authorizes the CDC to support states to improve their PDMP	IN PROGRESS
	S F	QTR II 2018	Improve interoperability between providers and PDPMs in different states. ** HR 6 , encourages data sharing between states; OARRS currently supports data sharing with other states	IN PROGRESS
	S F	QTR II 2018	Incentivize industry-wide electronic prior authorization and make available to healthcare providers at point-of-care in EHRs.	IN PROGRESS

STATUS COLOR KEY **RED** (serious issues/delays requiring immediate action) **YELLOW** (potential for serious issues requiring corrective action) **GREEN** (on track)

		QTR III 2018	Authorize physicians to prescribe more than a three-day supply of suboxone in the emergency department.	NOT STARTED
		QTR III 2018	Eliminate prior authorization requirements for naloxone take home kits and require all insurers to cover kits.	COMPLETE
	 	QTR III 2018	Provide additional funding for naloxone to lessen the burden on municipalities.	IN PROGRESS
		QTR III 2018	Support changes to HIPAA which allow for hospitals to report non-fatal overdoses to law enforcement.	NOT STARTED
		QTR II 2018	Eliminate patient satisfaction surveys that include questions about pain. **CY2018 pain questions eliminated from scoring formula payment adjustments. Satisfaction surveys continue to assess pain.	IN PROGRESS
		QTR II 2018	Maintain Ohio's limits on opioid prescribing (7 days); oppose efforts to shorten beyond Ohio's limit. **Feb 2019, OSMB issued New Limits on Prescription Opioid for Acute Pain : maintain 7 day prescribing for adults and a 5 day limit for minors for first script. Cannot exceed 30 MED per day	COMPLETE
OTHER CONSIDERATIONS		QTR II 2018	Revisit quality measures: Complete multi-stakeholder evaluation of pay-for-reporting programs to evaluate forthcoming pain management questions as revised in HCAHPS and Inpatient Quality Reporting Program reports. **CY 2019 OPPS Final Rule requires that the pain items must be removed from all surveys beginning with patients discharged on or after 10/1/19	COMPLETE
	 	QTR II 2018	Keep in mind legitimate uses for opioids for patients with severe chronic conditions – avoid burdensome requirements to refill small-dose prescriptions frequently. **December, 2018: The Ohio Prescribing Rule for Chronic and Subacute Pain provides guidance	IN PROGRESS
		QTR III 2018	Consider use of regional and/or statewide Health Information Exchange (HIE).	NOT STARTED
EDUCATION		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
		QTR III 2018	Support prescriber education through medical and dental school. **OHA announced funding for prescriber education	NOT STARTED
		QTR III 2018	Support prescriber education as continuing medical education. **March, 2019: OHA announced funding for prescriber education	IN PROGRESS
	 	QTR III 2018	Invest in education regarding safe prescribing guidelines for both providers and patients. ** HR 6 , HHS is to develop a toolkit for hospitals on reducing opioid use and information to be provided to Medicare beneficiaries on opioid use and pain management	IN PROGRESS