Opioid Stewardship Program (OSP) Assessment for Arizona Critical Access Hospitals (CAHs)
Disclosures

The presenters have no financial disclosures to report.
Claudia Kinsella, RN

Ms. Kinsella is a quality improvement specialist with Health Services Advisory Group (HSAG). She has been working in the nursing profession for 35 years providing direct care and holding leadership positions in the emergency department (ED), crisis intake, behavioral health, clinical education, school nursing, and quality consulting for group homes. Serving those with behavioral health and substance use disorders and combatting stigma have always been Ms. Kinsella's passion. She has been certified through the American Nurses Credentialing Center as a psychiatric/mental health RN for over 30 years.
Bridget Murphy, DBH *(she, her, ella)*

Dr. Murphy has almost three decades of education and experience in behavioral health and educational research, services, and support. She has held positions in academic institutions, and community-based and private sector organizations. Her principal experience is in behavioral health: substance use; mental health; and sexual health for culturally diverse children, youth, and families in various settings. As a teen, Dr. Murphy struggled with substance use and mental health issues and participated in treatment. This experience provided the foundation for her academic and professional direction.
**Land Acknowledgements**

U of A: We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

NAU: Northern Arizona University sits at the base of the San Francisco Peaks, on homelands sacred to Native Americans throughout the region. We honor their past, present, and future generations, who have lived here for millennia and will forever call this place home.
Session Objectives

• Provide results of the most and least frequently implemented OSP elements in acute care and ED settings.

• Describe technical assistance underway to implement, enhance, and evaluate OSPs.
OSP

• Continued effort is necessary to decrease opioid misuse and death.
• OSPs provide a framework to identify gaps in quality.
• OSPs implement changes impacting culture and provider practice.
How do you know if your opioid stewardship efforts are hitting the mark?
OSP Assessment

- A multidisciplinary team’s guide to assessing the current state of an OSP.
- 11 questions grouped into 4 subcategories.
- Once completed, serves as a gap analysis to determine priority areas to implement strategies.
Acute, ED, and SNF Assessments Available

Designed to address distinct, facility-type characteristics relating to opioids.
4 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:

<table>
<thead>
<tr>
<th>Not implemented/no plan</th>
<th>Plan to implement/no start date set</th>
<th>Plan to implement/start date set</th>
<th>In place less than 6 months</th>
<th>In place 6 months or more</th>
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ED Assessment Example Question

**Commitment Section**

“The ED has presence within your organization’s opioid stewardship initiatives.”

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[Box checks for each column]
1. The ED has presence within your organization’s opioid stewardship initiatives.

**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://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-opoid-stewardship](https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opoid-stewardship)

**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.

- [https://www.mbc.ca.gov/licensees/prescribing/pain_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.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf)
- [https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opoid-stewardship](https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opoid-stewardship)

**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://www.samhsa.gov/medication-assisted-treatment/treatment)
- [https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opoid-stewardship](https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opoid-stewardship)
- [https://www.chcf.org/publication/pay-mat-emergency-department/](https://www.chcf.org/publication/pay-mat-emergency-department/)
Acute Assessment Example Question

Track and Report

“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).”

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MME = milligram morphine equivalent
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.”

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## OSP Assessment for Arizona CAHs

### Purpose:
Evaluate the presence of OSP elements within each CAH

### Results Used to Strengthen OSPs
- Categorize gaps in current programs
- Develop data-driven approaches
- Identify strategies, tactics, and resources

### OSP Assessment Results

<table>
<thead>
<tr>
<th>Most Frequently Implemented OSP Elements Reported</th>
<th>Least Frequently Implemented OSP Elements Reported</th>
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<tbody>
<tr>
<td><strong>Acute Care</strong></td>
<td><strong>Emergency Department</strong></td>
</tr>
<tr>
<td>- 88% PDMP review incorporated into discharge workflow (for opioid-prescribing providers)</td>
<td>- 94% PDMP review incorporated into discharge workflow (for opioid-prescribing providers)</td>
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</table>
| - 82% Provider/staff educational resources/programs offered to improve
  - Pain assessment
  - Pain management
  - Safe use of opioid medications | - 88% ALTOs offered for first line of treatment for pain management for identified diagnoses |
| - 82% Patient/caregiver education
  - Opioid risks/benefits
  - ALTOs | - 71% Patient/caregiver education
  - Opioid risks/benefits |

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<tr>
<th><strong>Acute Care</strong></th>
<th><strong>Emergency Department</strong></th>
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<tbody>
<tr>
<td>- 41% Have a method to identify/treat opioid withdrawal</td>
<td>- 29% Have a mechanism to track/trend opioid quality measures on a shared dashboard</td>
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<tr>
<td>- 53% Have a mechanism to track/trend opioid quality measures on a shared dashboard</td>
<td>- 41% Have a method to identify patients who may require OUD treatment</td>
</tr>
<tr>
<td>- 53% Prescribe, track, or trend naloxone at discharge</td>
<td>- 35% Prescribe, track, or trend naloxone at discharge</td>
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OSP Assessment for Arizona CAHs (cont.)

Common Interest Areas Identified

- Creating an opioid dashboard with identified opioid measures.
- Adopting OUD risk and opioid withdrawal assessment tools.
- Embedding safety alerts into the EHR.

Interventions

- **One-on-One Technical Assistance**: Guides intervention priorities and facilitates community relationships to link recovery treatment options.

- **OSP Quickinar Series**: Provides tactics, strategies, and information needed for a successful OSP ([www.hsag.com/osp-quickinars](http://www.hsag.com/osp-quickinars)).

- **OSP Resource Website**: Provides guidance and information from safe and appropriate opioid prescribing to navigating the complex issues associated with OUD ([www.hsag.com/osp-resources](http://www.hsag.com/osp-resources)).

OUD = opioid use disorder
EHR = electronic health record
OSP Relevance: Meet Amy

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OSP Relevance: Effective and Promising Responses

“Opioid stewardship is intended to be an encompassing term that considers **judicious** and **appropriate** opioid prescribing, appropriate opioid disposal, diversion prevention, and management of the effects of the use of opioids, including identifying and treating opioid use disorder and reducing mortality associated with opioid overdoses. Opioid stewardship programs have been **described as coordinated programs that promote appropriate use of opioid medications, improve patient outcomes and reduce misuse of opioids.**”

- Evidence-based solutions to address substance use, misuse, and addiction
- Adverse Childhood Experiences (ACEs) common and preventable
- Cultural and Linguistically Appropriate Service Standards (CLAS)
- Promising strategies to address stigma
- More than **22 million** people resolved their alcohol and other drug problems

OSP Tactics

Screening, Brief Intervention, & Referral to Treatment

Controlled Substance Prescription Monitoring Program

Whole Person Health

Medication-Assisted Treatment

Family and Peer Support

Naloxone

Community Supports

2018 ARIZONA OPIOID PRESCRIBING GUIDELINES
Commitment Goal 1: An OSP leadership team is in place with representatives from various departments and disciplines (e.g., administration, emergency department, informatics, surgery, pharmacy, internal medicine, behavioral health, case management). Implementation Level: Not implemented/no plan.

<table>
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<th>Implementation Plan</th>
<th>Progress Measurement</th>
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<td><strong>Strategy</strong></td>
<td><strong>Tactic (CLAS Standard)</strong></td>
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<tr>
<td>Develop an interdisciplinary team.</td>
<td>Within two months a X number person team comprised of clinical director, chief of nursing, pharmacy, individual in recovery, and billing/finance reflective of the cultural and linguistic diversity of the organization will convene. (3)</td>
</tr>
<tr>
<td>By the third meeting a working goal statement will be drafted and available in the languages of the patient population, easy to understand, and accessible. (8)</td>
<td>Opioid goal statement drafted, translated, assessed for readability, accessibility, and shared with decisions makers.</td>
</tr>
<tr>
<td>By the third meeting, designate who and how personnel will participate in opioid safety, prescribing, and treatment of OUD training that includes information about cultural and linguistic factors. (3)</td>
<td>A one-year training plan will be outlined, reviewed and approved.</td>
</tr>
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### Where to next?

- Continue to work towards **eliminating opioid overdoses** in Arizona.
- **Pilot** the implementation guide – Summer 2022.
- **Revise** implementation guide based on pilot feedback – Fall 2022.
- **Implement** with other CAHs – Spring 2023.

### What can we all do?

- Learn more about effective strategies to **build resilience** and **prevent** substance misuse.
- **Reduce and eliminate stigma** by looking for and changing stigmatizing language.
- Work towards **culturally and linguistically appropriate healthcare services**.
- Engage people who use drugs or are in recovery in helping and include their families.
- Implement OSPs.
Resources


Contributions

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