



NORTHEAST OHIO HOSPITAL OPIOID CONSORTIUM

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


CDC Overdose Data to Action Grant Program (OD2A)

COMMUNICATION


GOAL	RELATED COMPONENT	INITIATE	OBJECTIVE	TARGET COMPLETION	STATUS
E D 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. Outcomes: Created Opioid Consortium website to raise awareness on collaborative model. Created 3-year strategic plan and posted this publically on website.	QTR II 2018	COMPLETE
E 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. Outcomes: Created Opioid Consortium video to raise awareness on collaborative efforts. Utilized video in local, state and national conferences.	QTR I 2019	COMPLETE


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. Outcomes: Developed 30-minute introduction to substance use disorder course for support staff. Hosting education on our Opioid Consortium Education Portal	QTR I 2020	COMPLETE
		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. Outcomes: Developed 4.75 CEs for Nurses on introduction to substance use disorders; Goal: educate 3,000 nurses; result: engaged 3,212 nurses; delivered 5,449 CEs in 5 hospital systems; 24 locations; Survey n=230, 88% stated they felt more prepared to care for patients with substance use disorders/opioid use disorder after taking course. Hosted on the Opioid Consortium Education Portal	QTR III 2020	COMPLETE
		QTR IV 2018	Distribute resources for increased accessibility	QTR IV 2020	COMPLETE/ ONGOING



			Outcomes: 2 nd edition of nurse education released October 23, 2020. Up to 4 CEs available, to date 639 CEs delivered on Introduction to Substance Use Disorders education. Continue to promote education on Opioid Consortium Education Portal		
 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. Outcomes: Applied for and awarded CDC Overdose Data to Action grant Aug 2019, sub recipient; protocols and procedures are currently in development. Materials scheduled to be available to the public in Q2 2021 posted on the Opioid Consortium Education Portal	QTR IV 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. Outcome: Pharmacy subcommittee provided guidance and monitored SB59 and HB341 – plan to build pharmacy education in 2021 to meet requirements on dispensing and administering medication for OUD.	QTR II 2020	IN PROGRESS
		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. Outcomes: Emergency department residency training webinar held on safe opioid prescribing with 67 residents attending. Twelve week ED MAT webinar series hosted by MetroHealth with all trainings hosted on the Opioid Consortium Education Portal	QTR IV 2020	IN PROGRESS


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 Outcomes: Developed a public-facing naloxone toolkit, hosted on Opioid Consortium website ; Partnered with Project Dawn to host naloxone training in business district in Cleveland; Partnered with NIH HEALing Communities to support communication campaign for naloxone and stigma related to MOUD – Medication for Opioid Use Disorder; Participated in PSA via radio and television; Partnered with RALI Ohio in 2018 to distribute over 3,000 safe drug disposal bags; 2020 with Buckeye Health to provide over 2,000 Fentanyl test strips and 1,000 safe drug disposal bags to patients.	QTR IV 2020	IN PROGRESS


	Strategy 5	QTR III 2019	<p>Advocate for implementing standard Naloxone distribution protocols throughout Cuyahoga County Board of Health (CCBH) care access points through partnerships:</p> <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 <p>Outcomes: Participated in the board of health opiate task force meetings and provide updates on naloxone use. Above efforts produced a Year over year increase across Opioid Consortium hospitals from 2018-2019: 536% increase in prescribing naloxone and a 72% increase in dispensed naloxone. December 23, 2018 the State Medical Board of Ohio regulated co-prescribing and set guidelines.</p>	QTR IV 2020	IN PROGRESS
 INTEGRATE SBIRT WORKFLOWS INTO EHR ACROSS ALL CARE SETTINGS	Strategy 6	QTR IV 2018	<p>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.</p> <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 <p>Outcomes: Identified and shared the CMS reimbursement CPT codes for hospitals to incorporate screening for reimbursement. Two of the Opioid Consortium hospitals received grants to support SBIRT integration.</p>	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) Outcome: Applied for and awarded CDC Overdose Data to Action grant	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
 LINK PATIENTS TO OPIOID TREATMENT PROGRAMS (OTPs)	Strategy 6	QTR IV 2018	Implement 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 Outcomes: Peer Support and Specialist are now in 4 of the 5 Opioid Consortium Hospitals with 1 scheduled to incorporate program in 2021	QTR IV 2020	IN PROGRESS
		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. Outcomes: Pandemic response required all hospitals to move to telehealth solutions. Will continue to support telehealth option post pandemic with TREATS Act and CARES Act 2.0 for both access and reimbursement for hospitals.	QTR IV 2020	IN PROGRESS
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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 Outcome: Awarded sub recipient funds from CDC Overdose Data to Action grant 2019-22	TBD	IN PROGRESS
	Strategy 4	ONGOING	Provide educational opportunities to help prescribers fully incorporate state and federal opioid prescribing guidelines. Outcome: Awarded sub recipient funds from CDC Overdose Data to Action grant	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. Outcome: Awarded sub recipient funds from CDC Overdose Data to Action grant 2019-22	TBD	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. Outcomes: CMS and state Medicaid programs offering expanded coverage to treat substance use disorders and chronic pain conditions with alternative methods, including acupuncture and medications to treat opioid use disorder	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. Outcome: Awarded sub recipient funds from CDC Overdose Data to Action grant 2019-22	TBD	IN PROGRESS

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	IN PROGRESS

			Outcome: supporting partners in CDC Overdose Data to Action and HEALing Communities grants by sharing information generated from Opioid Consortium		
		QTR I 2020	Survey Consortium hospitals to determine data points to include in Consortium Opioid Data Dashboard. Outcome: Vetted tools, potential use of Collective Medical's SUD solution to create dashboards	QTR III 2020	IN PROGRESS
	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. Outcomes: CDC OD2A partner support with US Attorney's Heroin and Opiate Task Force Data Subcommittee; Potential use of Collective Medical's SUD solution to create dashboards	QTR IV 2020	IN PROGRESS

2020 POLICY RECOMMENDATIONS



LOCAL



STATE



















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. Outcomes: Two executive members became ASAM Instructors for waiver training; doubled the number of waived providers among Opioid Consortium Hospitals	IN PROGRESS
	F	QTR II 2018	Continue to support to amend 42 CFR Part 2 to align with the Health Insurance Portability and Accountability Act (HIPAA). Outcomes: Continued to lend comment to state & federal agencies collectively from Opioid Consortium; CARES Act passed	COMPLETE/ MONITOR
	L S F	QTR III 2018	Dedicate additional resources for treatment beds, including sober living and transitional housing. Outcome: Supporting partners of CDC Overdose Data to Action Grant in Linkage to Care strategy	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. Outcome: RecoveryOhio and State Attorney General's Office attended our quarterly meeting; OHMAS accepted invitation to attend our February 2021 meeting and engage in collaborative work and raise awareness of effort in NE Ohio.	IN PROGRESS
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. Outcome: 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.	IN PROGRESS
	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).	IN PROGRESS
	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).	IN PROGRESS
	F	QTR III 2018	Consider use of regional and/or statewide Health Information Exchange (HIE). Outcome: vetted technology, Collective Medical Network and CliniSync potential partners	IN PROGRESS

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. Outcome: Hosted the US Surgeon General, Vice Admiral Adams and US Assistant Secretary for Health, Admiral Giroir	IN PROGRESS

2018-19 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. Outcome: HR 6 , Includes: telehealth, OTPs, increase waived providers, grants for FQHCs and Rural Health Centers to train providers.	Carried over to 2020
	S F	QTR II 2018	Maintain insurance coverage, including Medicaid expansion. Outcome: 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. Outcome: 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).	Carried over to 2020
	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.	Carried over to 2020
REIMBURSEMENT	S F	QTR II 2018	Eliminate prior authorization for MAT for both Medicare and Medicaid enrollees.	Carried over to 2020
	F	QTR III 2018	Eliminate 190-day lifetime cap for Medicare inpatient psychiatric hospital reimbursement.	Carried over to 2020
	S F	QTR II 2018	Expand reimbursement for treatment alternatives to opioids for pain.	Carried over to 2020
	S F	QTR II 2018	Eliminate the IMD exclusion and begin reimbursing providers for delivering treatment to Medicaid enrollees. Outcome: 2018, partially appealed under HR 6 ; Ohio Waiver 1115 option for reimbursement	Carried over to 2020
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. Outcome: HR 6 , requires: HHS to review OPPIs 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.	Carried over to 2020
	S F	QTR II 2018	Encourage ODM to reimburse for hospital peer support programs.	COMPLETE/ ONGOING

PRESCRIBING, DATA TRACKING AND EHR UTILIZATION		QTR II 2018	Invest in Prescription Drug Monitoring Programs (PDPMs) to encourage greater information sharing between providers. Outcome: HR 6 , authorizes the CDC to support states to improve their PDMP; Awarded CDC Overdose Data to Action grant	Integrated in OD2A work plan
		QTR II 2018	Improve interoperability between providers and PDPMs in different states. Outcome: HR 6 , encourages data sharing between states; OARRS currently supports data sharing with other states; Awarded CDC Overdose Data to Action grant	Integrated in OD2A work plan
		QTR II 2018	Incentivize industry-wide electronic prior authorization and make available to healthcare providers at point-of-care in EHRs.	Carried over to 2020
		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. Outcome: CY2018 pain questions eliminated from scoring formula payment adjustments. Satisfaction surveys continue to assess pain.	COMPLETE
		QTR II 2018	Maintain Ohio's limits on opioid prescribing (7 days); oppose efforts to shorten beyond Ohio's limit. Outcome: 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. Outcome: 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	Importance of appropriate uses for opioids for patients with severe chronic conditions – avoid burdensome requirements to refill small-dose prescriptions frequently. Outcome: December, 2018: The Ohio Prescribing Rule for Chronic and Subacute Pain provides guidance	ONGOING
		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 .	Carried over to 2020
		QTR III 2018	Support prescriber education through medical and dental school. Outcome: Ohio Hospital Association (OHA) announced funding for prescriber education, Continue to advocate.	IN PROGRESS
		QTR III 2018	Support prescriber education as continuing medical education. Outcome: March, 2019: OHA announced funding for prescriber education	Carried over to 2020
		QTR III 2018	Invest in education regarding safe prescribing guidelines for both providers and patients. Outcome: 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; Awarded CDC Overdose Data to Action grant	Integrated in OD2A work plan