

HQIC Patient Safety: Opioids

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please be aware that this event will be recorded

We will get started shortly!

HQIC Opioids: A Deep Dive Into Data Access




November 11, 2021

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Alliant Health Solutions

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Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
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COLLABORATORS:

Alabama Hospital Association
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Georgia Hospital Association
KFMC Health Improvement Partners
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Hospital Quality Improvement

Welcome from all of us!



Opioid Co-Leads



Lynne Hall, RN, BSN

Lynne has over 30 years of health care experience, including as a Labor and Delivery and neonatal nurse and at Georgia Hospital Association (GHA) as an advocate for patient safety and quality. She also represents GHA as a Maternal/Child Expert with the Georgia Department of Public Health. Lynne is a member of the Leadership Team for the GA Perinatal Quality Collaborative and currently serves on the Maternal Mortality Review Committee.

Contact: Lynne.Hall@GHA.org



Jennifer Massey, PharmD

Jennifer has 15 years of health care experience, including clinical pharmacy in the acute care hospital setting and in various roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network–Quality Improvement Organization (QIN–QIO). She currently serves as the SME for Opioids and Adverse Drug Events for HQIC.

Contact: Jennifer.Massey@allianthealth.org

Learning Objectives

- Learn Today:

- Availability of the Alliant Portal Information
- How to identify data needed to initiate opioid interventions

- Use Tomorrow:

- Access the Alliant Portal
- Review data and identify appropriate source

Measure Name	Opioid Related Adverse Drug Events per 1,000 Acute Inpatient Admissions
Flat File Measure Name	ADE_OPIOID
Measure Type	Outcome
Measure Description	Adverse Drug Events (ADEs) related to Opioids found in an inpatient claim not present on admission
Numerator	Number of admissions with an Opioid ADE documented not present on admission (POA)
Denominator	Number of Medicare FFS discharges among Benes with a part D Opioid claim within the same or prior month
Denominator Exclusions	Benes with no part D Opioid claim within the same or prior month
Rate Calculation	$(\text{Number of admissions with an Opioid ADE not POA} / \text{number of Medicare FFS discharges among Benes with a part D Opioid claim within the same or prior month}) \times 1000$
Data Sources	Medicare FFS part A and part D claims
Specifications/Definitions/Recommendations	See HQIC_ICD10_Codes.xlsx for list of Opioid ADEs
Baseline Period	Calendar Year 2019
Reporting Period	Monthly beginning Sep 2020

Opioid ADE Performance Groupings

2. Decrease Opioid Adverse Event (Measure 1.1.2)

Groups	# Hospitals
3-6.9% Reduction	2
Greater than 7% Reduction	45
Maintaining Zero Rate	26
Worsening	77
Total	150

Comprehensive Opioid ADE Rate and RIR

Performance Trend | For Measures calculated as a Ratio

Measure

ADE_OPIOID_RATE

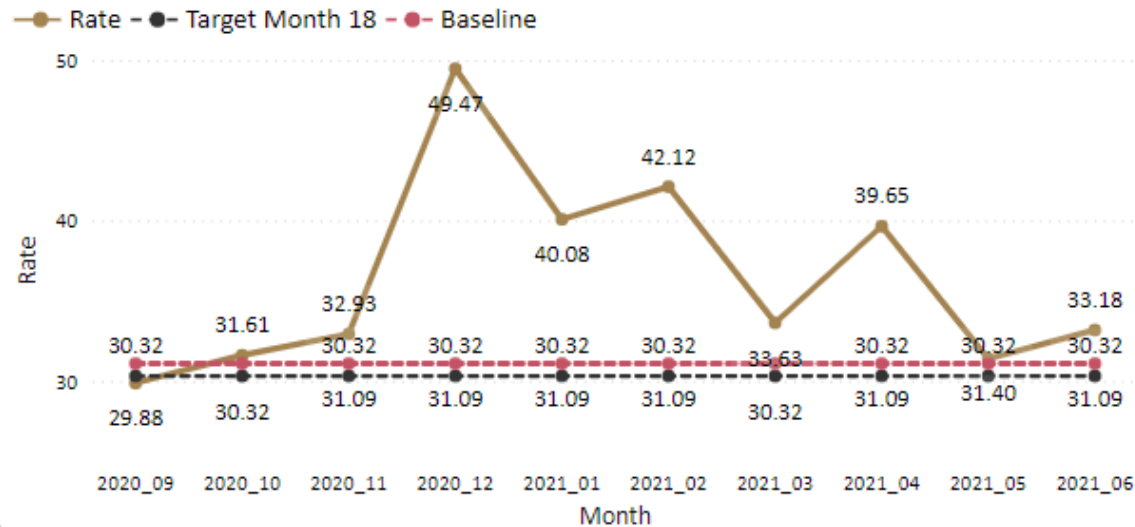
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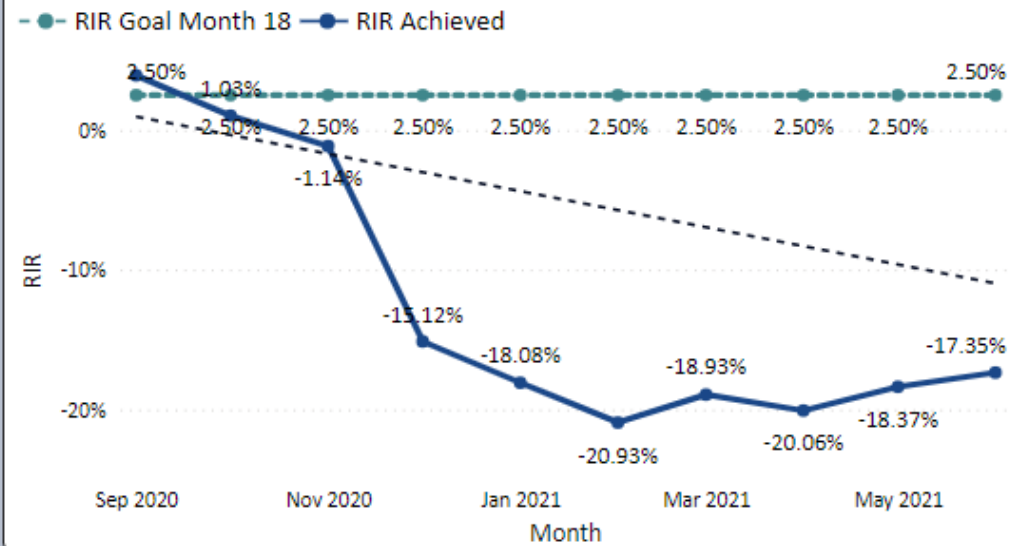
Name

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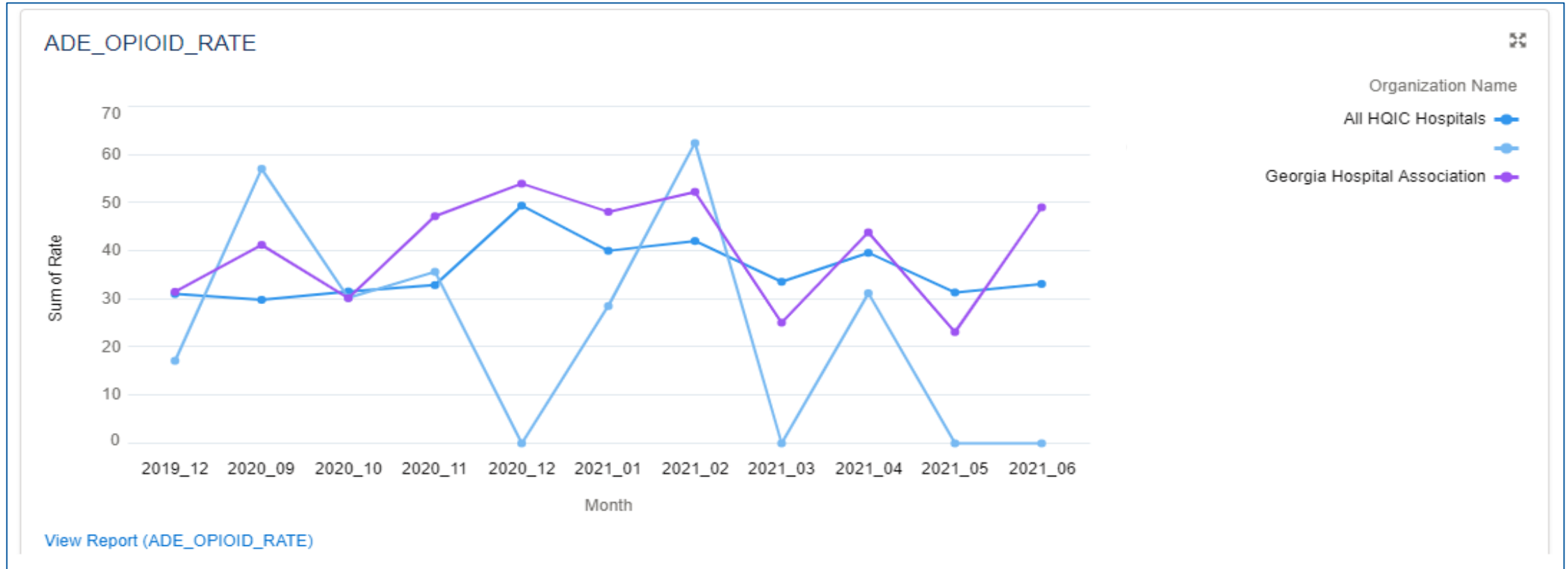
Opioid ADEs per 1,000 Medicare Discharges



RIR Performance



Hospital Specific ADE Opioid Rate – Portal Access View



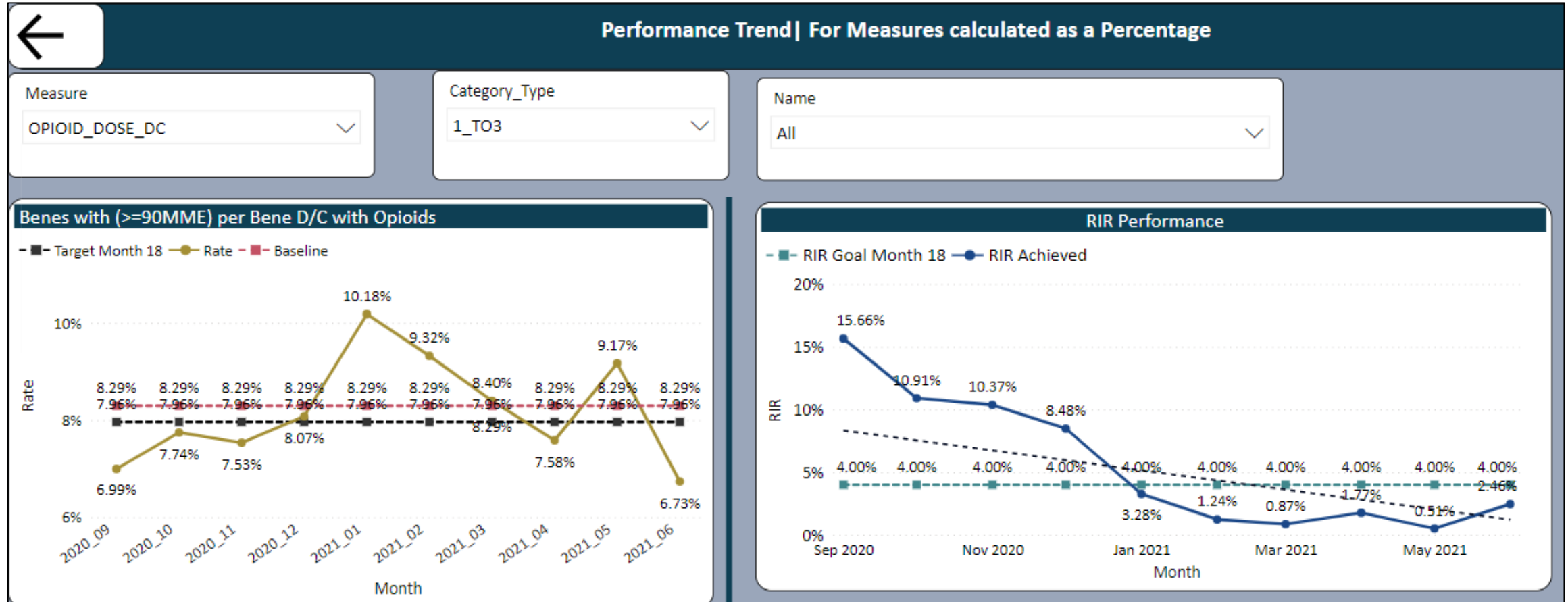
Measure Name	High-Dose Opioid Prescribing Upon Discharge
Flat File Measure Name	OPIOID_DOSE_DC
Measure Type	Outcome
Measure Description	Beneficiaries discharged with an opioid prescription with ≥ 90 MME daily
Numerator	Number of beneficiaries discharged with an opioid prescription with ≥ 90 MME daily
Denominator	Number of Medicare FFS beneficiaries discharged from inpatient or observation stay with an opioid prescription within 3 days
Denominator Exclusions	Any beneficiary without an opioid prescription within 3 days
Rate Calculation	(Number of Benes discharged with an opioid prescription ≥ 90 MME / number of Medicare FFS inpatient and observation stay discharges with an opioid prescription within 3 days)
Data Sources	Medicare FFS part A and part D claims
Baseline Period	Calendar Year 2019
Reporting Period	Monthly beginning Sep 2020

High Dose Opioid Prescribing Performance Groupings

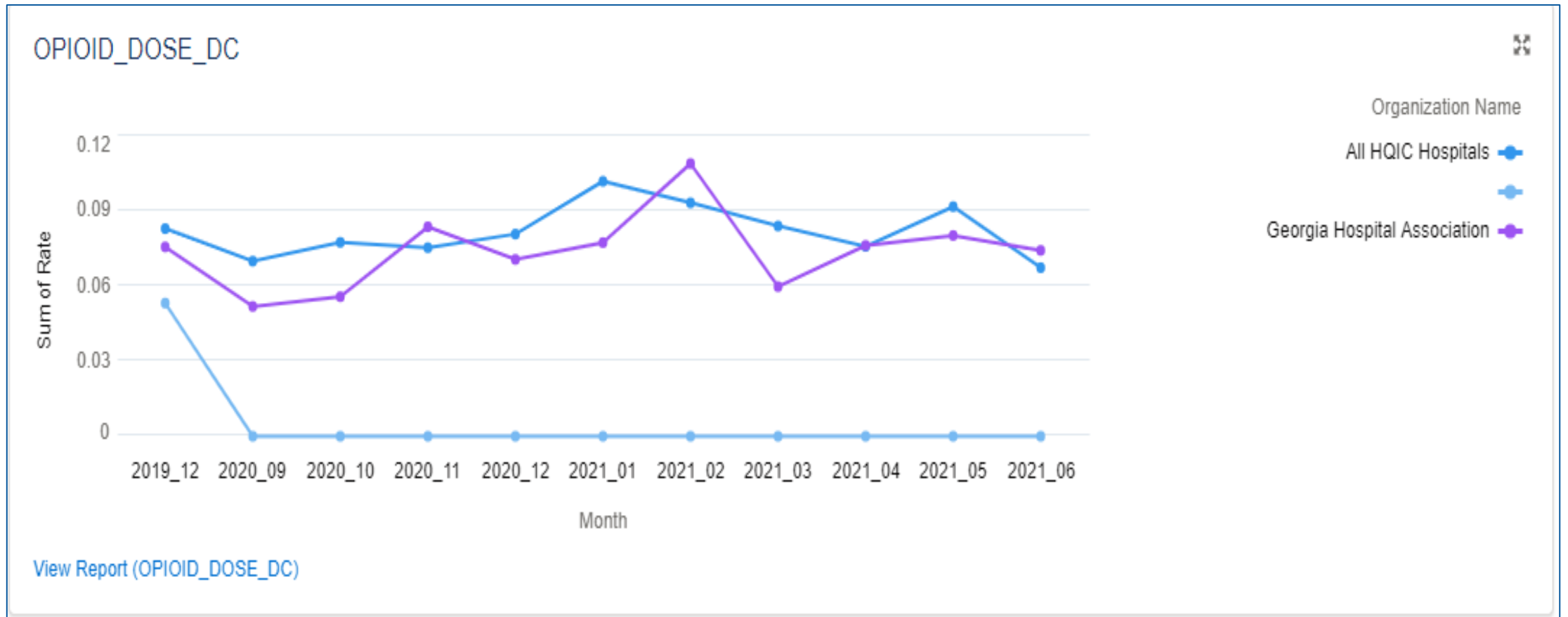
1. Opioid prescriptions \geq 90 MME (Measure 1.1.1)

Groups	# Hospitals
0-5.9% Reduction	3
6-11.9% Reduction	9
Greater than 12% Reduction	62
Maintaining Zero Rate	20
Worsening	51
Total	145

Comprehensive High Dose Opioid Rate and RIR

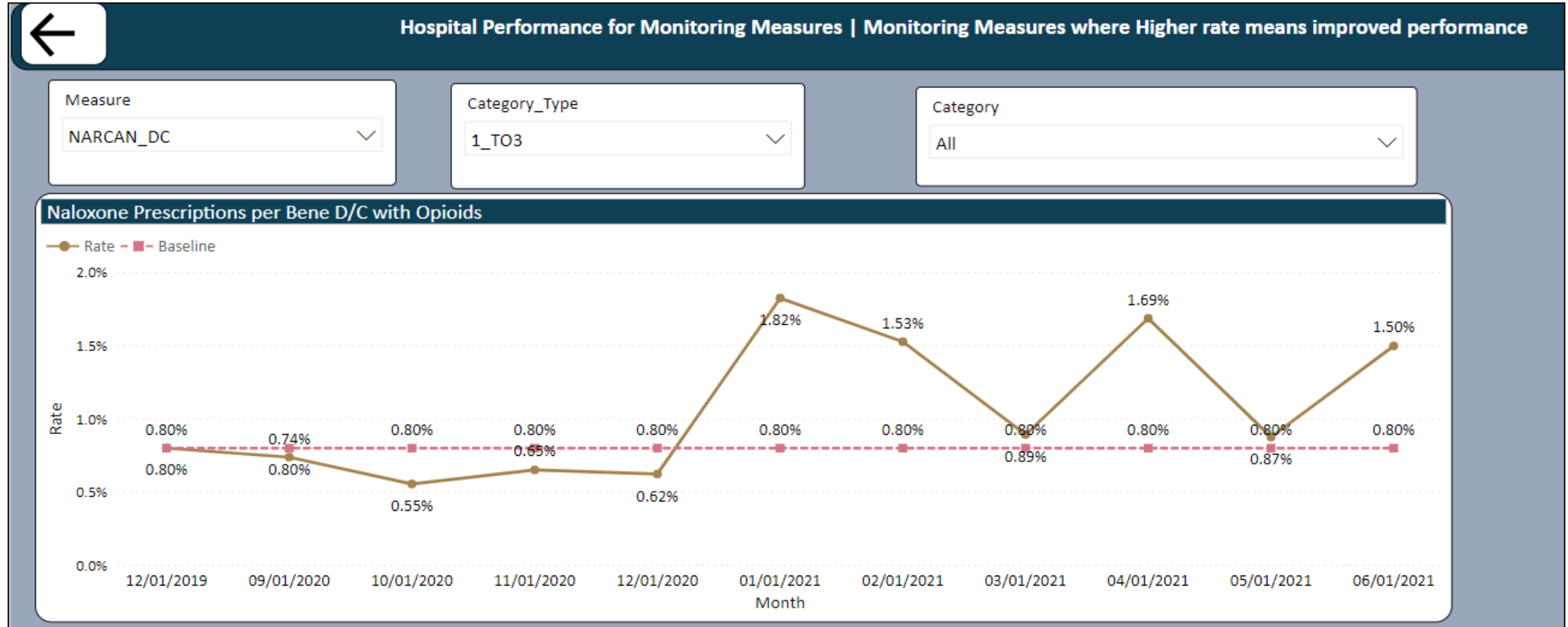


Hospital Specific High Dose Opioid – Portal Access View



Measure Name	Naloxone Upon Discharge
Flat File Measure Name	NARCAN_DC
Measure Type	Outcome
Measure Description	Naloxone administered to patients who have been prescribed opioids
Numerator	Number of doses of a reversal agent (i.e., Naloxone) dispensed
Denominator	Number of inpatient and observation Benes discharged with an opioid prescription within 3 days
Denominator Exclusions	Inpatients and Observations Stays without an opioid prescription within 3 days
Rate Calculation	(Number of doses of a reversal agent (i.e., Naloxone) dispensed / number of Medicare FFS Benes with a discharge from an inpatient or observation stay)
Data Sources	Medicare FFS part A and part D claims
Specifications/Definitions/Recommendations	
Baseline Period	Calendar Year 2019
Reporting Period	Monthly beginning Sep 2020

Comprehensive Naloxone Prescribing



Naloxone Prescribing on Discharge – Portal Access View



Improvement Strategies

- What are options to improve this measure?
 - ED intake form asks about pre-hospital naloxone administration
 - Patients on opioid meds have treatment plan goals of therapy with care plans
 - Focus on comfort of patient; comfort scale versus pain scale
 - Patient and family engagement in clinical interviews and educational efforts on goals and risks
 - Pharmacists use Teach Back methodology when counseling

Improvement Strategies

- What are options to improve this measure?
 - Pilot a group of total joint replacement patients who receive post-op comfort, treatment plan prior to surgery
 - ED naloxone administration—exploring medication disposal, ED and Urgent Care signage
 - Leverage data from external sources, such as community and state
 - Leverage connections and initiatives in community and state

Resources

Alliant/HQIC Portal Training Videos

- Registration and Multi-Factor Authentication:
<http://youtu.be/qSDHMpcFbNc?hd=1>
- Portal Navigation and Feature Overview:
<http://youtu.be/vEvpgaMIXRs?hd=1>

Key Takeaways

- Learn Today:

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- Use Tomorrow:

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Questions?



Email us at HospitalQuality@allianthealth.org or call us at 678-527-3681.

HQIC Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Upcoming Events

December 9, 2021

11:30 a.m. EST

(occurring the second Thursday of each month)



Opioid HQIC Patient Safety Network

Jennifer Massey and Lynne Hall

www.quality.allianthealth.org

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Thank you for joining us!
How did we do today?

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