



GA FLEX Quality Improvement Project Monthly Meeting
May 26, 2026

Agenda

- Welcome
- Mental Health Awareness Month Toolkit/May
- SAMHSA Advisory April 2026
- Elbert Memorial Hospital
- Jeff Davis Hospital
- Q&A/Wrap Up



GA FLEX Improvement Project Lead



Melody "Mel" Brown, MSM

Quality Program Manager


melody.brown@allianthealth.org

Melody has over 45 years of health care experience, including varied roles at Alliant Health Solutions. She currently works on projects with hospitals, nursing homes, and physician practices concentrating on quality improvement strategies and implementation of interventions.

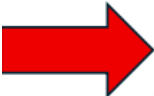
Important Dates to Remember

GA FLEX QUALITY IMPROVEMENT – FEBRUARY 24, 2026 INFORMATION

Reporting Deadlines:

These measures are collected throughout the 2025 calendar year (CY) and submitted once in early 2026. 

Measure Description 	Reporting Period	Submission Deadline
 Safe Use of Opioids (eCQM)	CY 2025	March 2, 2026 
Antibiotic Stewardship Survey	CY 2025	March 1, 2026
SDOH Screening (Social Drivers)	CY 2025	May 15, 2026
OP-22 (Left Without Being Seen)	CY 2025	May 15, 2026
HCP Influenza Vaccination	Oct 1, 2025 – Mar 31, 2026	May 15, 2026
Hybrid Hospital-Wide Readmission	July 1, 2025 – June 30, 2026	Oct 1, 2026

-  **Safe Use of Opioids:** This must be submitted as an eCQM file upload via [QualityNet/HQR](#).

May-Mental Health Awareness Month



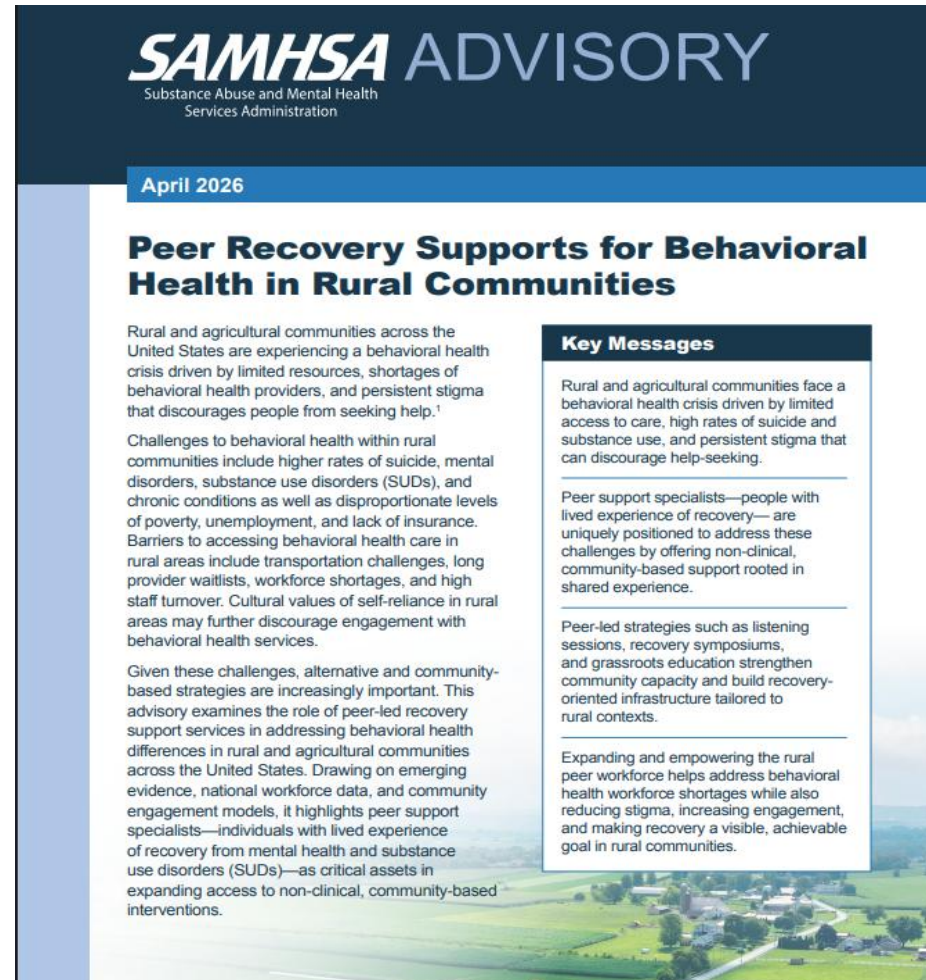
2026 Mental Health Awareness Month Toolkit

May is Mental Health Awareness Month. Check out what SAMHSA is doing, share our materials, and remember that we all play vital roles in caring for our mental health!

https://www.samhsa.gov/about/digital-toolkits/mental-health-awareness-month/toolkit?utm_source=SAMHSA&utm_campaign=c4091c9ad2-EMAIL_CAMPAIGN_2026_03_16_03_50_COPY_01&utm_medium=email&utm_term=0_-429f75b745-445354966

SAMHSA Advisory

<https://libradefault/files/peer-recovery-supports-rural-pep25-07-020ry.samhsa.gov/sites/.pdf>



SAMHSA ADVISORY
Substance Abuse and Mental Health
Services Administration

April 2026

Peer Recovery Supports for Behavioral Health in Rural Communities

Rural and agricultural communities across the United States are experiencing a behavioral health crisis driven by limited resources, shortages of behavioral health providers, and persistent stigma that discourages people from seeking help.¹

Challenges to behavioral health within rural communities include higher rates of suicide, mental disorders, substance use disorders (SUDs), and chronic conditions as well as disproportionate levels of poverty, unemployment, and lack of insurance. Barriers to accessing behavioral health care in rural areas include transportation challenges, long provider waitlists, workforce shortages, and high staff turnover. Cultural values of self-reliance in rural areas may further discourage engagement with behavioral health services.

Given these challenges, alternative and community-based strategies are increasingly important. This advisory examines the role of peer-led recovery support services in addressing behavioral health differences in rural and agricultural communities across the United States. Drawing on emerging evidence, national workforce data, and community engagement models, it highlights peer support specialists—individuals with lived experience of recovery from mental health and substance use disorders (SUDs)—as critical assets in expanding access to non-clinical, community-based interventions.

Key Messages

Rural and agricultural communities face a behavioral health crisis driven by limited access to care, high rates of suicide and substance use, and persistent stigma that can discourage help-seeking.

Peer support specialists—people with lived experience of recovery—are uniquely positioned to address these challenges by offering non-clinical, community-based support rooted in shared experience.

Peer-led strategies such as listening sessions, recovery symposiums, and grassroots education strengthen community capacity and build recovery-oriented infrastructure tailored to rural contexts.

Expanding and empowering the rural peer workforce helps address behavioral health workforce shortages while also reducing stigma, increasing engagement, and making recovery a visible, achievable goal in rural communities.

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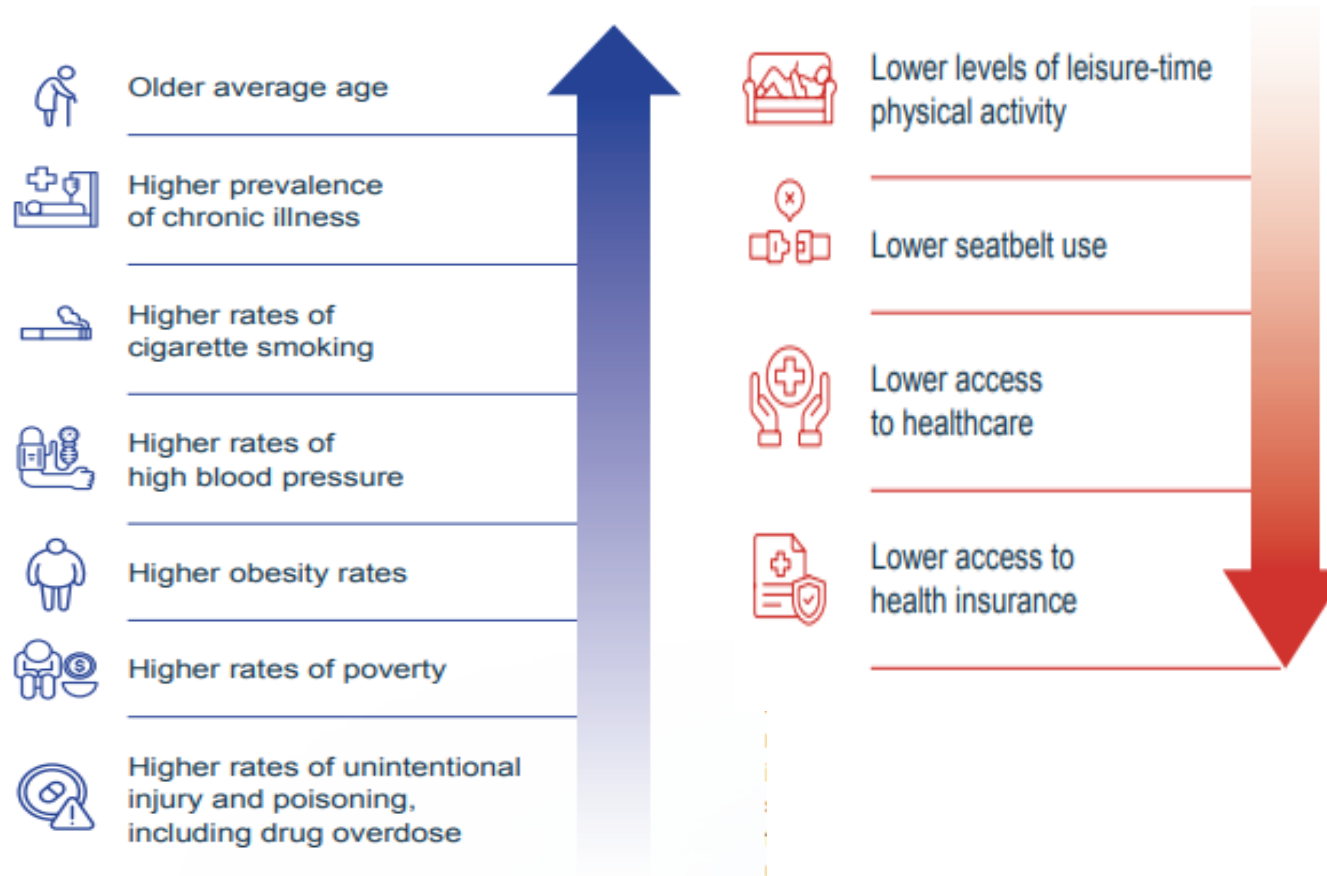
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Rural Risk Factors

Health Risk Factors in Rural Communities



Recovery

The Four Major Dimensions of Recovery¹⁸



Health: Overcoming or managing one's disease(s) or symptoms – for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medication if one has an addiction problem – and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being



Home: Having a stable and safe place to live



Purpose: Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society



Community: Having relationships and social networks that provide support, friendship, love, and hope

Barriers to Recovery



Barriers to Recovery Programming in Rural Communities

- Social isolation
- Lack of healthcare infrastructure
- Financial constraints
- Limited technological infrastructure
- Scarcity of services
- Provider stigma

Recovery Partners



Organizations to Partner with on Community Recovery

- Criminal and juvenile justice
- Child welfare
- Family support
- Faith-based
- Federally Qualified Health Centers
- Local crisis services
- Veterans service organizations, including American Legion and Veterans of Foreign Wars facilities
- Cooperative extension system office
- Area Agencies on Aging, including senior centers
- Community Behavioral Health Centers
- Public health departments
- Other health care providers
- Private businesses

Elbert Memorial Hospital

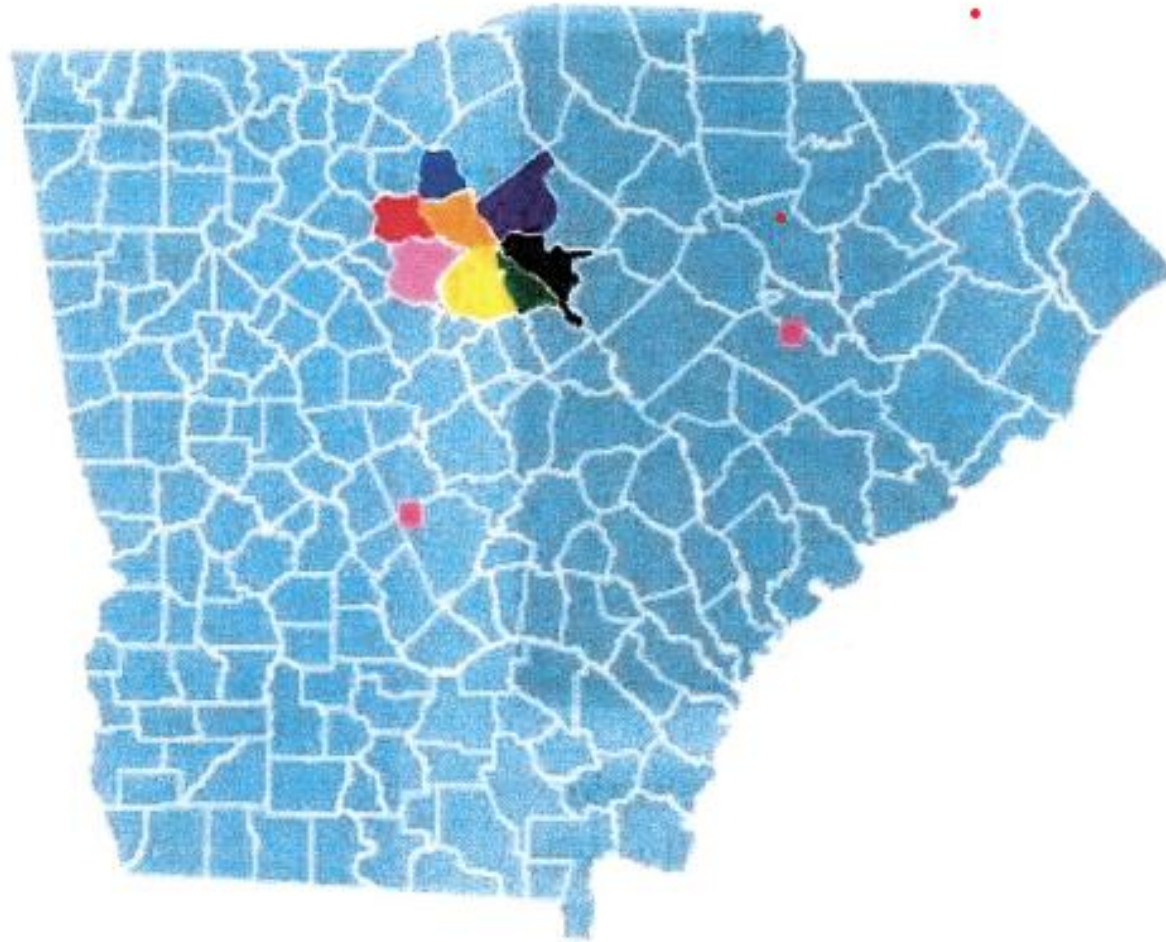


Safe Use of Opioids

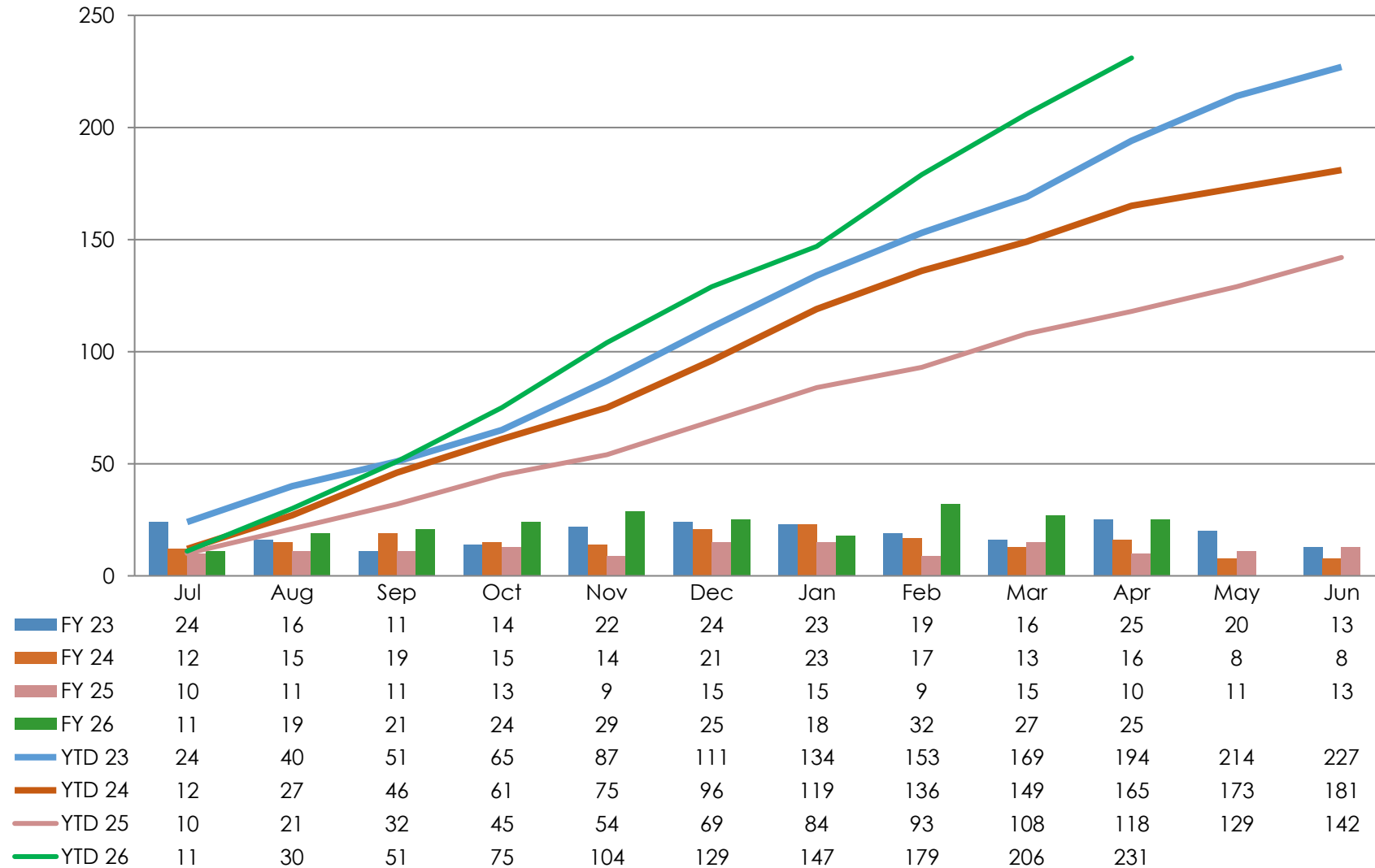


[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

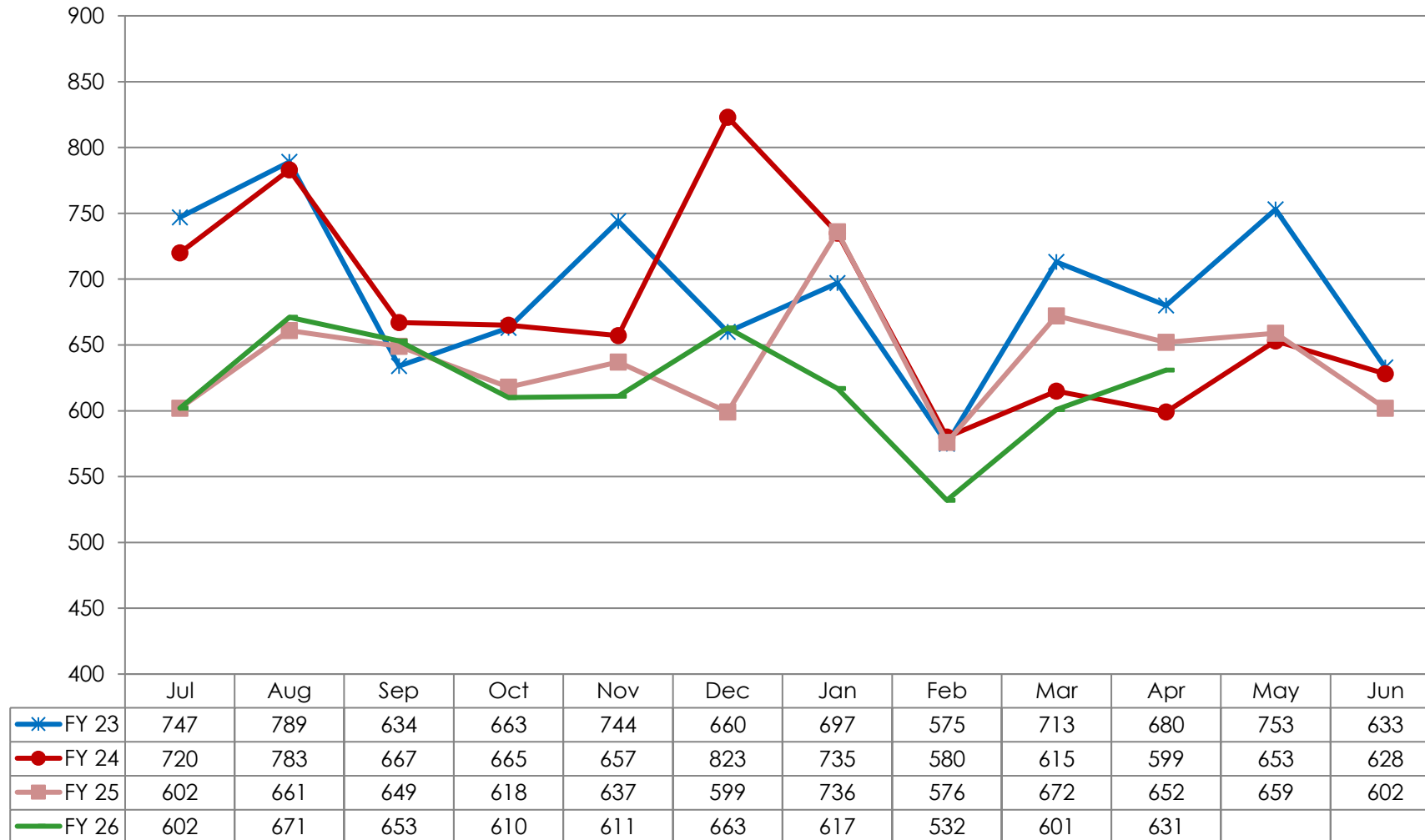
Demographics



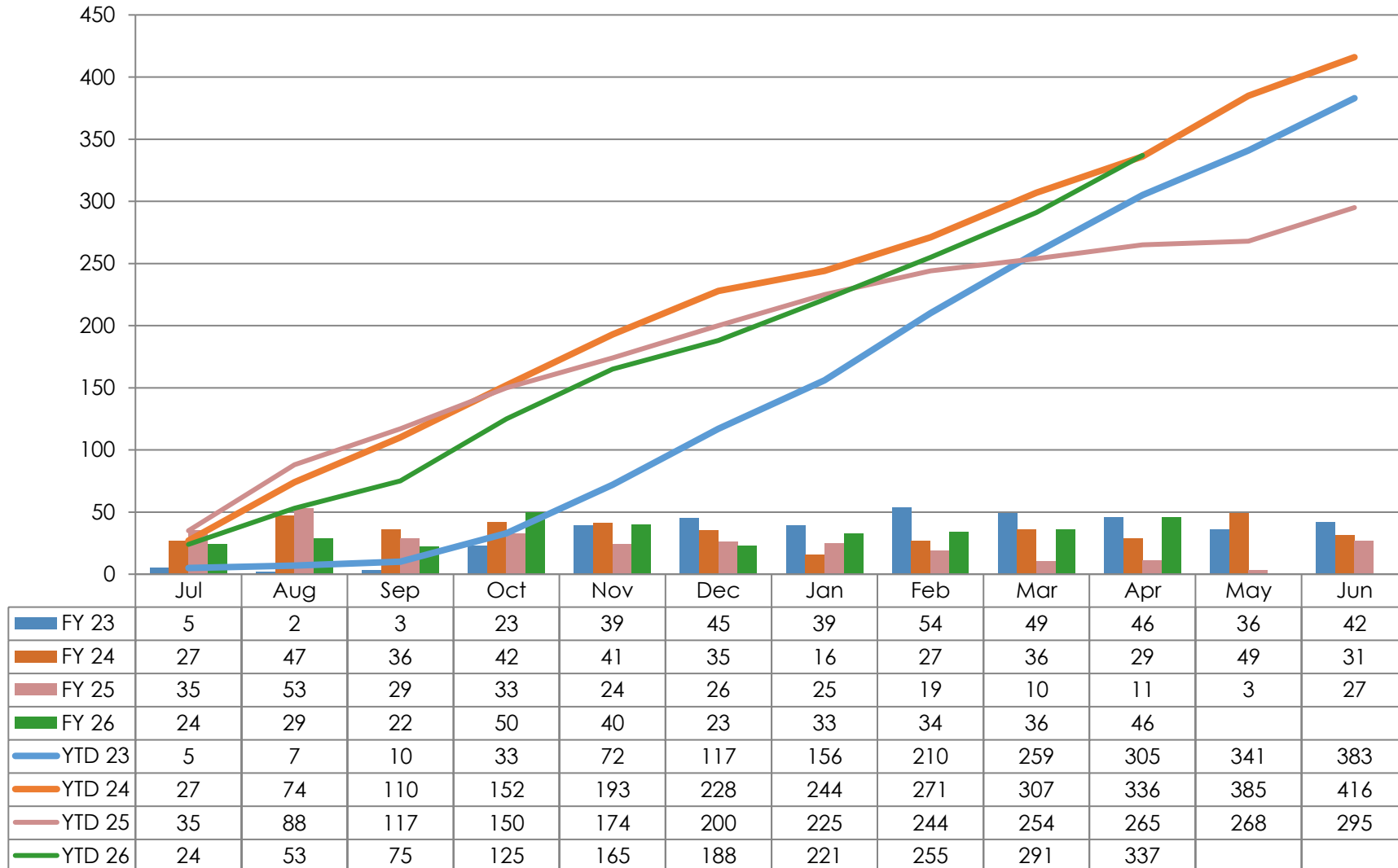
Acute Admissions



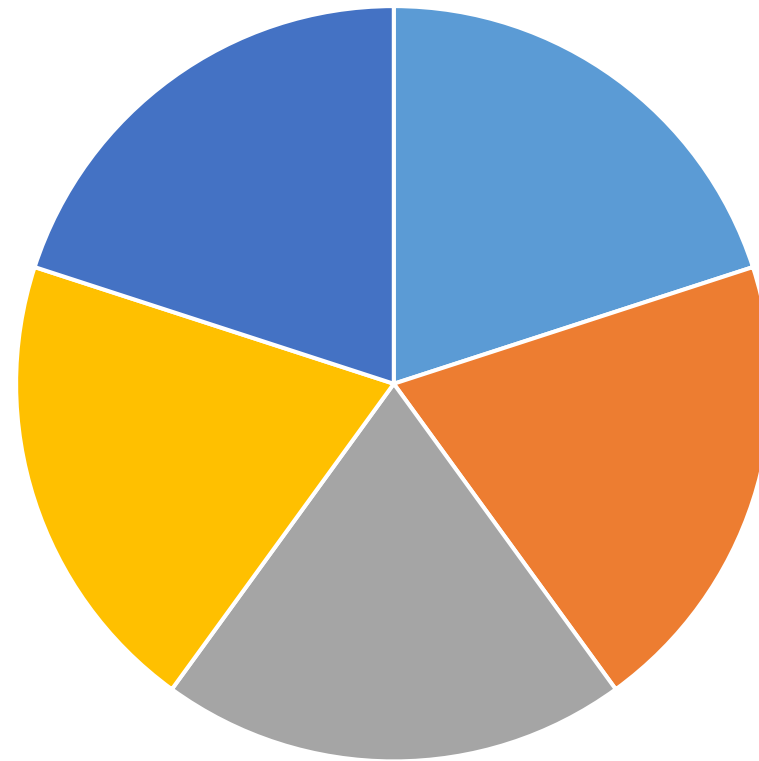
Emergency Room Visits



Surgical Volumes



Responsibility



■ Providers ■ Pharmacy ■ Case Management ■ ED/ACU teams ■ Advantage Behavioral Health

Quarterly Data

Safe Use of Opioids 2025	Initial Population	Denominator	Numerator	Observation Rate
Quarter 1	10	10	2	20%
Quarter 2	7	7	2	28.57%
Quarter 3	10	10	2	20%
Quarter 4	28	24	7	29.17%

SAFE USE OF OPIOIDS

Reducing High-Risk Concurrent Opioid & Opioid/Benzodiazepine Prescribing at Discharge

FLEX Grant Presentation

Jeff Davis Hospital | Critical Access Hospital | Hazlehurst, Georgia



Bonnie Saunders, BSN, RN

Director of Quality & Accreditation



bsaunders@jeffdavishospital.com



912-699-6300



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Serving Jeff Davis County and surrounding rural communities



HOSPITAL SNAPSHOT



25-Bed Critical Access Hospital



Wound Care Center



Pulmonary Rehab



Family Medical Group



Family Healthcare Connections



Rejuvenate MedSpa



Providing safe, quality, patient-centered care close to home.



WHO WE ARE



MISSION

We impact lives.



VISION

Building a healthy community.



VALUES

Accountability • Commitment • Quality • Purpose • Integrity



OUR TEAM



WHY THIS MATTERS

Improving medication safety. Strengthening our community.



JEFF DAVIS HOSPITAL
is committed to:



QUALITY



PATIENT
SAFETY



ACCESS TO
CARE



SAFE DISCHARGE
PLANNING



WHY OPIOID STEWARDSHIP MATTERS IN OUR COMMUNITY

Our strategic plan identifies priority populations experiencing health disparities.

Based on our most recent Community Health Needs Assessment (**CHNA**) for Jeff Davis County:

- ✓ Drug and alcohol abuse was identified as the **most significant** factor affecting quality of life.
- ✓ **Prescription drugs or pills** were identified as the most abused substance.
- ✓ Followed by **methamphetamine** and **alcohol**.



OUR FOCUS

Reducing high-risk discharge prescribing:

- Multiple concurrent opioids
- Opioid + benzodiazepine combinations



ASSOCIATED RISKS

- Respiratory depression
- Oversedation
- Falls
- Confusion
- Readmissions
- Medication-related harm



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*Improving medication safety today supports **healthier outcomes** for our community tomorrow.*

BASELINE PERFORMANCE TRENDS

Concurrent Opioid / Opioid + Benzodiazepine Prescribing at Discharge



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Early 2025 data showed significant variability and multiple months above benchmark, highlighting the need for focused intervention.

Concurrent Opioids/Opioid+Benzodiazepine - 2025

- Show Criteria
- Run Report
- Saved Reports
- New Report
- Save
- Copy
- Share
- Print
- Snapshot

Organization: Jeff Davis Health System Date Range: Last Year

0 0 1

Performance Measure	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2025	2024
Medical Staff Practices														
Opioids Prescribed at Discharge (NQF, eCQM506, MBQIP) Corporate Benchmark: ↓ 15% PI														
	9%	33%	50%	50%	31%	14%	17%	27%	22%	33%	22%	18%	27%	13%



KEY TAKEAWAYS



PEAK MONTHS

March and April were highest at 50%.



2025 YTD

27% in 2025 vs 13% in 2024



ABOVE BENCHMARK

Multiple months in 2025 were above the 15% benchmark.



Data visibility helped identify risk and drive action.

EARLY RESULTS & IMPROVEMENT

Concurrent Opioid / Opioid + Benzodiazepine Prescribing at Discharge



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Following provider education, improved data visibility, and Action Plan implementation, early improvement was identified.

Concurrent Opioids/Opioid+Benzodiazepine - 2026

[+ Show Criteria](#)
[▶ Run Report](#)
[📁 Saved Reports](#)
[📄 New Report](#)
[💾 Save](#)
[📄 Copy](#)
[📄 Share](#)
[🖨️ Print](#)
[📷 Snapshot](#)

Organization: Jeff Davis Health System Date Range: Current Year

● 0 ● 0 ● 1

Performance Measure	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2026	2025	
Medical Staff Practices															
■ Opioids Prescribed at Discharge (NQF, eCQM506, MBQIP)													Corporate Benchmark: ↓ 15%	PI	
	40%	33%	40%	0%									29%	27%	



KEY WINS



APRIL = 0%
Immediate drop after intervention.



YTD = 29%
Improved from early peak of 36%.



FOCUSED OVERSIGHT
Education + EMR visibility + monitoring driving measurable change.



Early intervention created **measurable improvement** and momentum for sustainability.

OUR ACTION PLAN

Building a Sustainable Opioid Stewardship Process



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Our goal is to decrease the number of patients discharged on *concurrent* opioids/opioid and benzodiazepines to $\leq 15\%$ by 12/31/2026.

Jeff Davis Hospital Action Plan

Created: 04/30/2026 Last Modified: 05/21/2026



Opportunity Identified:	We want to decrease the number of patients discharged on concurrent opioids/opioid and benzodiazepines to prevent possible opioid overdose or complicated interactions.
Outcome Goal:	To decrease Concurrent Opioid Prescriptions at Discharge to \leq /or = 15% by 12/31/26.
Team Members:	Bonnie Saunders (leader) Alexis Leggett

Action #	Action Steps	Responsible Party	Target Completion Date	Status/Action Done	Actual Completion Date
1	Add to P&T	Alexis Leggett			
2	Earlier visibility into data	Bonnie Saunders	04/01/2026	Built custom EMR report with report writer - Clinical Analyst has written report to pull data from EMR instead of having to wait on EMR to create new eCQM report each year.	03/25/2026
3	Targeted education to all hospitalist providers.	Bonnie Saunders	04/30/2026	Week of 4/6-4/10/2026 Discussed Safe Use of Opioids measure with current midlevel hospitalists.	04/10/2026
4	Ongoing Quality Committee oversight	Bonnie Saunders	12/31/2026		
5	Create education posters/reminders for provider room	Bonnie Saunders	06/01/2026		
6	Educate new hospitalists as they onboard	Bonnie Saunders	06/30/2026		



EARLIER VISIBILITY INTO DATA

- Built custom EMR report with report writer
- Improved earlier access to prescribing data
- Reduced reliance on delayed eCQM reporting
- Faster identification of trends



PROVIDER EDUCATION & ACCOUNTABILITY

- Targeted education for hospitalists
- Safe opioid prescribing awareness
- New provider onboarding focus
- Continued provider reminders



SHARED OVERSIGHT & SUSTAINABILITY

- Added to Pharmacy & Therapeutics (P&T) Committee
- Quality Committee monitoring
- IDT collaboration with hospitalists
- Focus on long-term sustainability



Turning data into action through accountability, education, and shared oversight.

RESULTS OF OUR ACTION PLAN

Early Improvement Through Data Visibility, Education & Oversight



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Through focused interventions and improved data visibility, we are seeing **MEASURABLE IMPROVEMENT** in concurrent opioid/benzodiazepine prescribing.

Performance Improvement Tracking

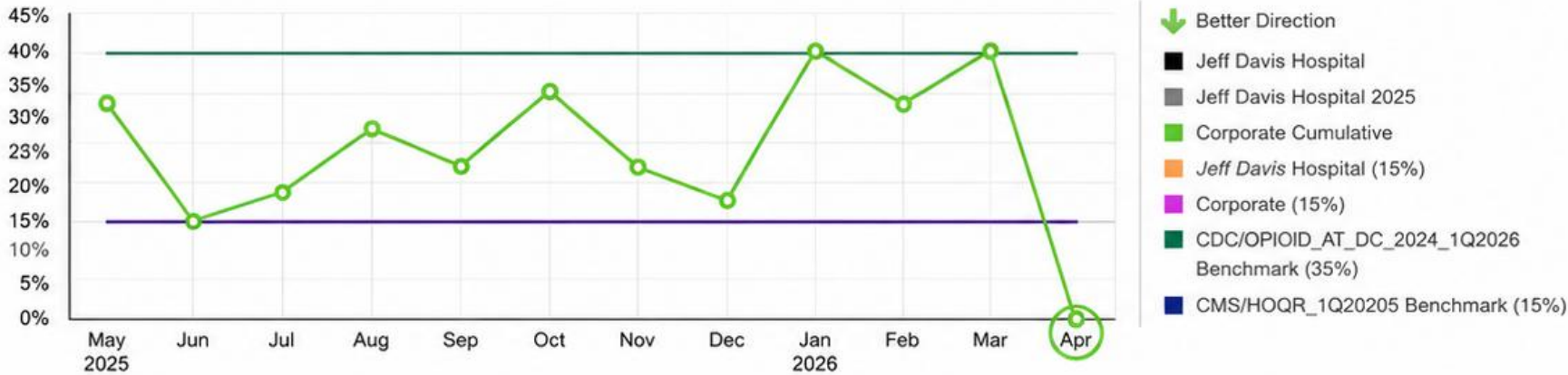
Jeff Davis Health System - Jeff Davis Hospital

Date Range: Last 12 Months

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
Opioids Prescribed at Discharge (NQF, eCQM506, MBQIP)	31%	14%	17%	27%	22%	33%	22%	18%	40%	33%	40%	0%	29%
Facility Benchmark	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Quarterly Average	25%	23%			23%			37%			0%		29%
	Q2	Q3			Q4			Q1			Q2		

Opioids Prescribed at Discharge (NQF, eCQM506, MBQIP)

Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge



IMMEDIATE IMPROVEMENT

- April: **0%**
- First month following focused intervention
- Significant early reduction



MEASURABLE PROGRESS

- Overall rate reduced from **36%** peak → **29%** YTD
- Better visibility into prescribing trends
- Faster response to high-risk prescribing



SUSTAINABLE OVERSIGHT

- Ongoing provider education
- Quality Committee monitoring
- Added to P&T Committee
- Focus on maintaining gains during provider transitions



Our Action Plan created **measurable improvement** and strengthened our opioid stewardship process.

KEY FACTORS THAT CONTRIBUTED TO THE INCREASE

Operational and Reporting Challenges



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DATA & REPORTING CHALLENGES

- New EMR implementation
- Tracking method changes
- No internal report initially available
- Delayed eCQM visibility



WORKFLOW & RESOURCE CHALLENGES

- Manual chart review burden
- Competing organizational priorities



PROVIDER-RELATED CHALLENGES

- Provider turnover
- Need for earlier education and onboarding consistency



*Understanding the barriers helped us build a **stronger, more sustainable** process.*

Our Action Plan

Improving Safe Discharge Prescribing & Reducing High-Risk Combinations



1. DATA & MONITORING

- ✓ Developed internal EMR report for earlier visibility
- ✓ Reduced reliance on manual chart review
- ✓ Monthly monitoring of prescribing trends



2. PROVIDER ENGAGEMENT

- ✓ Educated new hospitalists during onboarding
- ✓ Reinforced opioid stewardship expectations
- ✓ Increased IDT collaboration with hospitalists



3. SHARED OVERSIGHT & SUSTAINABILITY

- ✓ Quality Committee ongoing review
- ✓ Added to **Pharmacy & Therapeutics (P&T) Committee** for broader medication oversight
- ✓ Focus on provider accountability during transitions
- ✓ Sustained review of concurrent opioid / opioid + benzo prescribing



Shared oversight = stronger, safer, sustainable improvement.



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EARLY RESULTS & MOMENTUM

Measurable Improvement Through Focused Intervention



IMPROVEMENT STORY



2024
BASELINE

13.1%



2025
INCREASE

27%



EARLY 2026
PEAK IDENTIFIED

36%



ACTION PLAN
IMPLEMENTED

Data visibility
+
Provider education



APRIL 2026
WIN

0/5 = 0%



CURRENT
YTD

29%



Better visibility + provider education = *measurable improvement*



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SUSTAINING THE MOMENTUM

Looking Ahead. Staying Focused. Improving Outcomes.



ONBOARDING 3 NEW HOSPITALISTS

Building strong teams for continued success.



EARLY OPIOID STEWARDSHIP EDUCATION

Providing education during onboarding.



CONTINUED IDT COLLABORATION

Maintaining partnership and engagement with hospitalists.



MONTHLY REVIEW OF CUSTOM EMR PRESCRIBING REPORT

Monitoring trends to drive data-informed decisions.



MAINTAINING ACCOUNTABILITY DURING PROVIDER TRANSITIONS

Sustaining focus and consistency despite change.



*Sustainable improvement requires
visibility, education, and consistency.*



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RURAL HOSPITAL CHALLENGES

Shared challenges. Shared solutions.



STRONGER TOGETHER IN RURAL HEALTHCARE

Collaboration drives better outcomes for our communities.



SMALL INTERDISCIPLINARY TEAMS

Fewer staff wearing many hats, covering critical functions.



LIMITED SPECIALTY ACCESS

Limited on-site specialty support and resources.



WORKFLOW VARIABILITY

Differing processes and systems across rural settings.



BALANCING QUALITY WITH CONSTRAINED RESOURCES

Striving for best outcomes while managing limited time and budget.



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KEY TAKEAWAYS & NEXT STEPS

WHAT WE LEARNED



Improving opioid stewardship requires more than education.



Timely data + provider engagement drive improvement.



EMR changes and provider turnover created challenges.



Early interventions improved visibility and accountability.

MOVING FORWARD



Continue monitoring through custom EMR reporting.



Sustain provider education and onboarding efforts.



Strengthen interdisciplinary oversight.



Share progress with FLEX partners.



Better visibility + shared accountability = safer prescribing and sustainable improvement.



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Thank You

Questions?

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Find Treatment

<https://findtreatment.gov/>

 U.S. Department of Health & Human Services

[En Español](#)

FindTreatment.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration

Search SAMHSA.gov

Search

Home

Search For Treatment

State Agencies

Facility Registration

FAQs

Help

About

Contact Us

Millions of Americans have mental and substance use disorders. Find treatment here.

Welcome to FindTreatment.gov, the confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.



A^A



Find Treatment

Find a Treatment Facility

Enter your address, city, zip code, or facility name

Search

Help Resources

988 Suicide & Crisis Lifeline

Free and confidential support for people in distress, 24/7.

Call or text 988

National Helpline

Treatment referral and information, 24/7.

1-800-662-HELP (4357)

Disaster Distress Helpline

Immediate crisis counseling related to disasters, 24/7.

1-800-985-5990

Project Timeline

Date	To-Do List
4 th Tuesday of each month 10AM EST	<input type="checkbox"/> Monthly calls
June 23, 2026	<input type="checkbox"/>



Email melody.brown@allianthealth.org to schedule a meeting.

Alliant Health Website and GA Flex Resources

<https://quality.allianthealth.org/ga-flex/>



GA Flex Resources

Hospital Resources

[Medicare Beneficiary Quality Improvement Project \(MBQIP\) 2025 Measure Core Set Information Guide – Version 2.2 – 3.1.2025](#) ➔

[The Rural Quality Improvement Technical Assistance \(RQITA\) Resource Center](#) ➔

Safe Use of Opioids

[Safe Use of Opioids – Concurrent Prescribing](#) ➔

Social Determinants of Health (SDOH)

[Screening for SDOH Measure and the Screen Positive Rate Measure](#) ➔

[FAQs Social Determinants of Health \(SDOH\) Measures](#) ➔

[Discharge Referral List](#) ➔

[Improving the Collection of Social Determinants of Health \(SDOH\) Data with ICD-10-CM Z Codes](#) ➔

[Show More](#)

Resources

1. The Rural Quality Improvement Technical Assistance (RQITA) Resource Center: <https://www.telligen.com/rqita/>
2. Rural Health Information Hub website: <https://www.ruralhealthinfo.org/>
3. Rural Health Research Gateway: <https://www.ruralcenter.org/>

Questions?

 **ALLIANT**
HEALTH SOLUTIONS

 **SORH**
State Office of Rural Health
A Division of the Georgia Department of Community Health