ALLIANT HEALTH SOLUTIONS | SORH State Office of Rural Health
A Division of the Georgia Department of Community Health

GA FLEX Quality Improvement Project Monthly Meeting

July 28, 2026

Agenda

- Welcome
- Opioids and Older Adults
- Wills Memorial Hospital
- Q&A/Wrap Up

GA FLEX Improvement Project Lead

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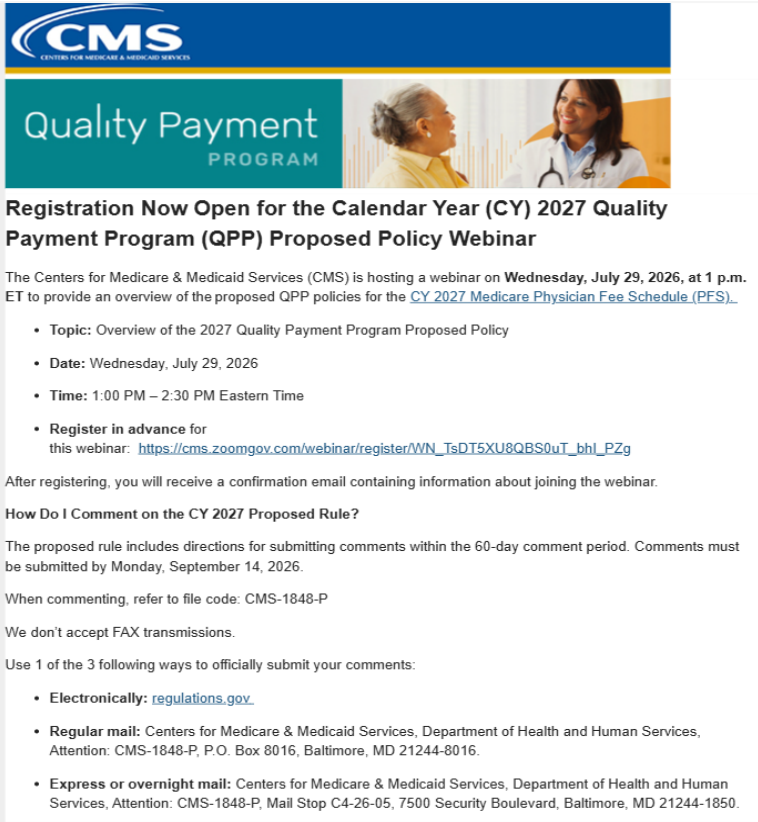
Melody has over 45 years of health care experience, including varied roles at Alliant Health Solutions. She currently works on projects with hospitals, nursing homes, and physician practices concentrating on quality improvement strategies and implementation of interventions.

Proposed QPP policies for the CY 2027 Medicare Physician Fee Schedule (PFS)



CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

Quality Payment PROGRAM

Registration Now Open for the Calendar Year (CY) 2027 Quality Payment Program (QPP) Proposed Policy Webinar

The Centers for Medicare & Medicaid Services (CMS) is hosting a webinar on **Wednesday, July 29, 2026, at 1 p.m. ET** to provide an overview of the proposed QPP policies for the CY 2027 Medicare Physician Fee Schedule (PFS).

- **Topic:** Overview of the 2027 Quality Payment Program Proposed Policy
- **Date:** Wednesday, July 29, 2026
- **Time:** 1:00 PM – 2:30 PM Eastern Time
- **Register in advance** for this webinar: https://cms.zoomgov.com/webinar/register/WN_TsDT5XU8QBS0uT_bhI_PZg

After registering, you will receive a confirmation email containing information about joining the webinar.

How Do I Comment on the CY 2027 Proposed Rule?

The proposed rule includes directions for submitting comments within the 60-day comment period. Comments must be submitted by Monday, September 14, 2026.

When commenting, refer to file code: CMS-1848-P

We don't accept FAX transmissions.

Use 1 of the 3 following ways to officially submit your comments:

- **Electronically:** regulations.gov
- **Regular mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1848-P, P.O. Box 8016, Baltimore, MD 21244-8016.
- **Express or overnight mail:** Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1848-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Additional Resources

Learn more about QPP proposals in the following resources:

- 2027 Quality Payment Program Proposed Rule Fact Sheet and Policy Comparison Table (PDF) – This resource provides an overview of QPP proposals and RFIs included in the CY 2027 Medicare Physician Fee Schedule (PFS) Proposed Rule, and a comparison table contrasting existing policies with proposals.
- Proposed Timeline: Transitioning from Traditional MIPS to MVPs (PDF) – This graphic displays the timeline for sunsetting traditional MIPS as proposed in in the CY 2027 Medicare Physician Fee Schedule (PFS) Proposed Rule.
- Medicare Shared Savings Program Proposals Fact Sheet – This resource reviews information on the proposals specific to participation in the Shared Savings Program
- 2027 Proposed and Modified MVPs Guide (PDF) - This resource reviews details of the newly proposed MVPs and proposed changes to existing MVPs.

Quality Payment PROGRAM

CONTACT US

1-866-288-8292 QPP@cms.hhs.gov

People who are deaf or hard of hearing can dial 711 for TRS Communications Assistant.

Create or Track a QPP Service Center Ticket

HOURS

Monday - Friday
8 a.m - 8 p.m ET

Non-peak hours are before 10 a.m and after 2 p.m ET

https://cms.zoomgov.com/webinar/register/WN_TsDT5XU8QBS0uT_bhI_PZg#/registration

Opioids and Older Adults

Preventing Opioid Misuse and Treating Opioid Use Disorders in Older Adults

SAMHSA
Substance Abuse and Mental Health Services Administration

What You Need to Know

The risks and needs of older adults (defined as ages 65+ for the purposes of this document) who use prescribed medications, illicit substances, and/or alcohol are often not well understood by primary care providers and the public. This lack of knowledge contributes to insufficient screening, assessment, diagnosis, and appropriate treatment for this population by health care providers (HCPs).[1] It is estimated that roughly 1 million older adults in the United States are living with an opioid use disorder (OUD).[2] Data analyzing the rates of OUD among Medicare beneficiaries from 2013–2018 shows the prevalence has increased significantly among older adults.[3] Older adults are distinctly susceptible to opioid misuse and OUD due to a number of risk factors (e.g., physiological, social, and emotional factors). The increasing misuse of opioids, opioid-related harms, and growing need for substance use disorder (SUD) treatment among older adults can be attributed to several factors,[1,4] such as:

- Large numbers of the "baby boomer" generation (i.e., born from 1946 to 1964) entering older adulthood
- The high prevalence of chronic medical conditions and pain in older adults increases the risk for use of prescription medication, illicit substances, and/or alcohol
- Greater likelihood that HCPs prescribe opioids for pain as people age
- Prescription opioids use in addition to alcohol use

https://library.samhsa.gov/sites/default/files/opioid-misuse-older-adults-pep24-02-010.pdf

Quick Facts


QUICK FACTS
Currently, older adults are more likely to use illicit drugs compared to older adults of previous generations.[1,5]
Roughly 2% of older adults reported misuse of opioids, including heroin, and prescription pain relievers in the past year in 2022.[6]
Approximately 4–9% of older adults use prescription opioids to relieve pain.[7]
Prevalence of OUD among older adult Medicare beneficiaries increased from 4.6 per 1,000 in 2013 to 15.7 per 1,000 in 2018.[3]
Opioid-involved deaths, primarily involving synthetic opioids such as illicit fentanyl, in older adults increased by 10% in 2022, compared to 2021.[8]
Emergency department data show chronic medical conditions are also associated with a greater risk of opioid misuse among older adults.[9]
These trends indicate a growing need for a spectrum of age-appropriate services to prevent prescription opioid misuse and illicit opioid use and to treat OUD, including using medications for opioid use disorders (MOUD).

Risk Factors

OIG Report

https://oig.hhs.gov/documents/evaluation/10195/OEI-02-23-00360.pdf

Safe Use of Opioids

WILLS MEMORIAL
HOSPITAL

About Us:

For over 100 years, Wills Memorial Hospital (WMH) has touched the lives of families, neighbors, and friends in Wilkes and surrounding counties.

WMH opened its doors at the current location in 1961 as a public, non-profit hospital. Today, WMH is a 25-bed critical access hospital offering a full range of inpatient and outpatient services.

Core Measure Definition

- The measure tracks the proportion of inpatient hospitalizations for patients aged 18 and older who are prescribed or continued on two or more opioids, or an opioid and a benzodiazepine concurrently, at the time of discharge.

- Because it is an inverse measure, a lower percentage indicates better performance and safer prescribing practices.

Long-Term Controlled Substance Management

Purpose

- Promote safe, effective medication use
- Monitor patients receiving therapy >90 days
- Ensure ongoing medical necessity
- Educate patients on risks, benefits, and responsibilities

Provider Responsibilities

- Do not prescribe opioids and benzodiazepines together
- Assess pain at every visit (0–10 scale)
- Complete comprehensive history and physical exam
- Document indication for long-term therapy
- Consider non-controlled therapies before controlled substances
- Develop individualized treatment plans with measurable goals
- Perform medication reconciliation

Patient Monitoring

- Review prescription history and **Georgia PDMP** at every face-to-face visit in the clinic settings, ER setting, and hospital inpatient setting
- Assess pain, treatment effectiveness, and medication side effects
- Monitor for signs of tolerance, dependence, addiction, or misuse
- Manage refills through scheduled face-to-face visits (unless otherwise documented) in the rural health clinic setting
- No refills to be given in the inpatient/ER settings
- ER providers to minimize # of tablets ordered to get them to PCP or other MD
- Perform ongoing follow-up, including urine drug screening when indicated
- Perform accurate medication reconciliation in the inpatient and outpatient settings
- Pharmacy involvement with ER and hospitalized patients. Following MEUs and MD utilization of pain medication

Documentation Requirements

- Medical necessity and diagnosis
- Previous evaluations and diagnostic testing
- Treatment goals and patient response
- Risks and benefits discussed
- Prescription history and PDMP review
- Controlled Substance Agreement (updated annually) in the Rural Health clinic
- Ongoing medical record reviews

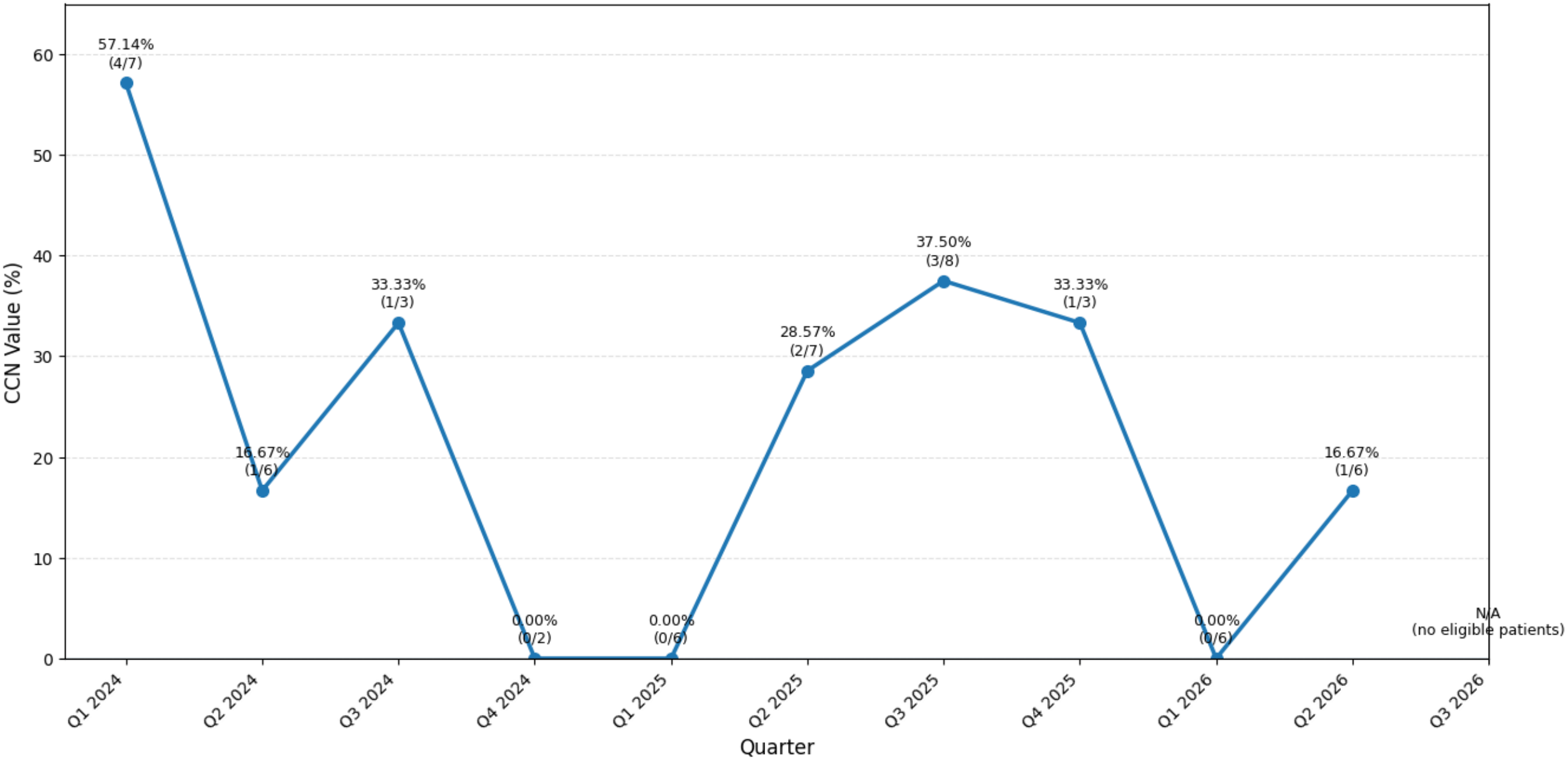
Compliance & Safety Measures

- Random urine drug screening: Used mostly in the Rural Health Clinic
  - Before starting therapy
  - After 90 days
  - As clinically indicated
- Violations of the Controlled Substance Agreement may result in discontinuation of prescribing in the Rural Health Clinic
- Adjustments made in the medications in the inpatient setting based on clinical needs/assessment
- Patients with evidence of misuse should be referred for substance use treatment
- Signed Controlled Substance Agreement maintained in the electronic medical record and updated annually in the Rural Health Clinic setting

Key Takeaways

- Patient safety is the priority.
- Document thoroughly.
- Monitor consistently.
- Monitor PDMP
- Controlled Substance Agreement requirements in the Rural Health Clinic setting
- Continued medical staff education on Safe Use of Opioids
- Continued education to medical staff on medication reconciliation
- Continued pharmacy involvement in the hospital setting

Patients Discharged on High-Risk Controlled Substance Regimens



Numerator/denominator shown in parentheses. Q3 2026 is N/A because the denominator was 0.

Patients Discharged on High-Risk Controlled Substance Regimens

Measure: MIP patients discharged on ≥2 opioids or an opioid plus benzodiazepine

Exclusions: Sickle cell disease, cancer, palliative care, hospice, end-of-life care, and respite care.

Key Finding: After peaking at **57.1% in Q1 2024**, the rate generally declined, with several quarters achieving **0%**, although quarterly variation reflects the small number of eligible patients. The decrease in denominator is affecting compliance.

Results & Interpretation

Key Findings

- Highest rate occurred in **Q1 2024 (57.1%)**.
- Rates declined over time, with **0% achieved in multiple quarters**.
- Quarter-to-quarter variation reflects the **small number of eligible patients**.

Recap on Safe Use of Opioids

- Wills Memorial Hospital does not dispense Narcan to the public. Our EMS and Sheriff's Department have an abundant supply on hand.

- Focus of Wills Memorial Hospital remains on being prudent on the front lines in our Rural Health Clinics, and ER setting. We minimize prescribing in the ER and Rural Health Clinic has policy in place on patients that require multiple opioids/benzos or long-term use. Clinic utilizes a "Controlled Substance Prescribing Agreement" with drug screens.

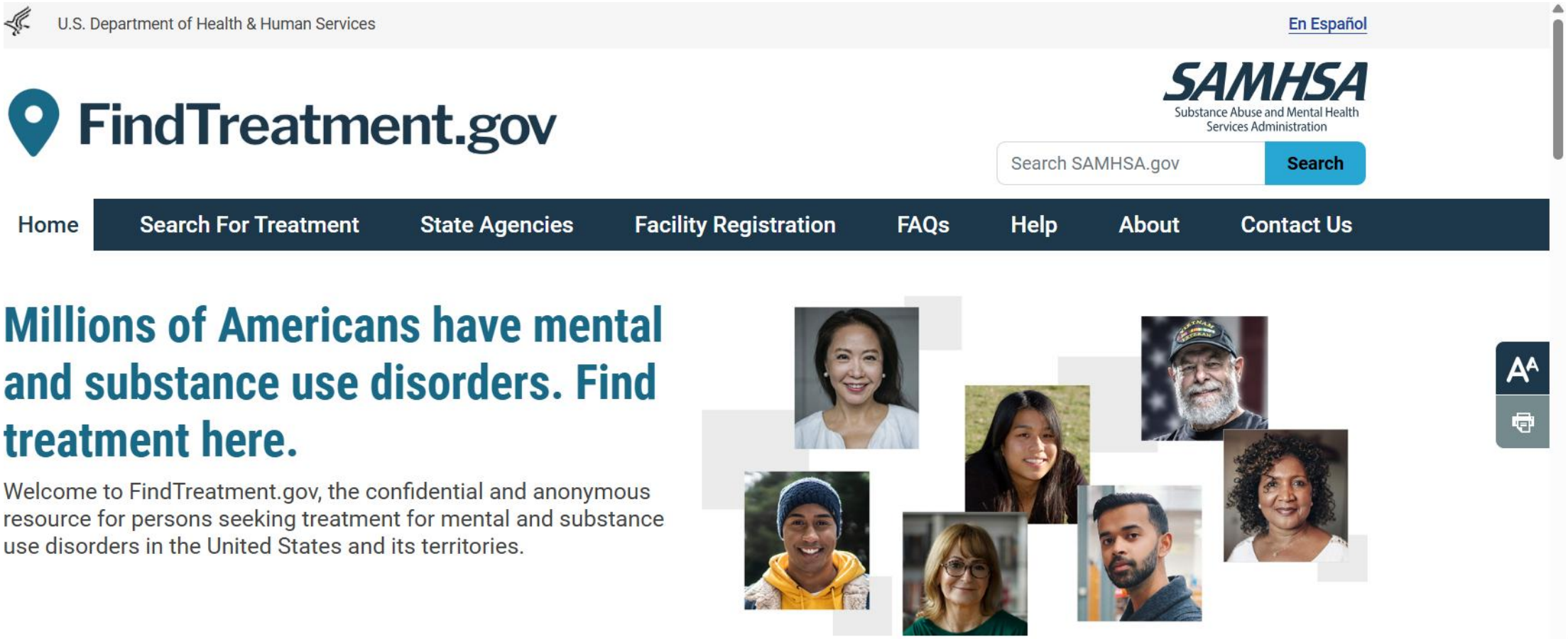
- Wilkes County Sheriffs Department has a medication disposal collection box for community to return medications for disposal that are no longer used.

- Rural Health clinic for their patients can accept small amount of medications to include narcotics for disposal.

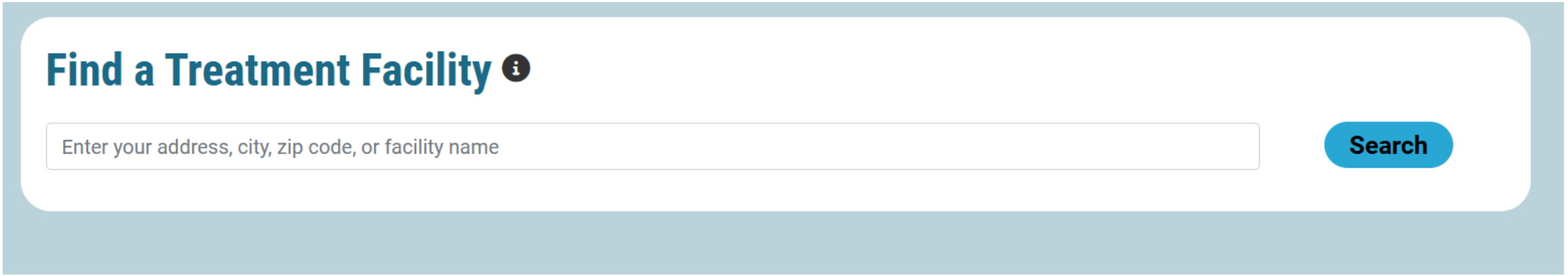
- It is evident by our numbers that we continue to fluctuate in compliance. However, it is noted that our denominator has decreased. This shows that by working in the Rural Health Clinic setting and ER on decreasing the number prescribed and limiting the number prescribed has be impactful.

Find Treatment

https://findtreatment.gov/



Find Treatment cont.



Project Timeline

Date	To-Do List
4th Tuesday of each month 10AM EST	□ Monthly calls
August 25, 2026	□ August Session

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?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