Redefining the H
Beyond the walls and into the community
The 42nd Annual Rural Hospital Leadership Conference
The Opioid Crisis: Strategies to Combat Addiction in Your Community

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Elya Moore, Executive Director Olympic ACH
Ian Corbridge, Policy Director, Patient Safety, WSHA
Discussion Objectives

• Discuss interventions hospitals are taking to address the opioid crisis
• Highlight the role of data in changing prescribing practices and opioid data available to WSHA members
• Explore opportunities for hospitals and ACHs to collaborate on opioid interventions
• Understand hospital, board and commission members role in advancing practice change
A Wake-Up Call
A Wake Up Call – How Data Caused Us to Rethink Opioid Prescribing

• Report from Prescription Monitoring Program (PMP)
• One provider’s prescribing was double their peers
• Represented a huge safety issue
• What was the reason?
• How should we respond?
A Deeper Dive – The Reason for High Prescribing

• New provider inherited patients on high volumes of opioids
• Patients were seeing pain specialists
  • High number of pills and problematic cocktails
  • Poor communication and care coordination
• Challenges with accessing the PMP
• No consistent PMP feedback reports
Odessa’s Response

- Communicate to community the dangers of opioids and Odessa’s strategy
- Establish new protocol
- Limit type of opioids prescribed
- New pain contracts
- Focus on tapering
The Impact of Our Opioid Intervention

• Increased community awareness
• Reduction in prescriptions and types of drugs
• Better treatment and coordination of care
• Fewer drugs in our community
Leveraging Data to Drive Change
New Tools to Help Hospitals Improve Opioid Prescribing

• New state law allowing WSHA/WSMA access to PMP data (HB 1427)
• WSHA’s Goal – See a meaningful reduction in inappropriate opioid prescribing

• Strategy:
  • Leverage PMP data to support hospitals/clinics in improving prescribing practices
  • Provide custom prescribing reports and dashboards for hospitals
  • Support QI work across the state
Where are Prescription Opioids in Your Community?
What Does Opioid Prescribing Look Like At Your Hospital?
Who are Your Highest Prescribers?

Number of prescriptions written by Family Medicine Providers by Quarter, 2013-2016

Average number of prescriptions per quarter: 260.77
### What Providers are Prescribing Outside of the State Opioid Guidelines?

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Collaboration Is Needed to Help Drive Change
Addressing the Opioid Crisis – An ACH Collaboration

The purpose of this document is to offer a set of strategies that can help hospitals, health systems, and independent/group practices and Accountable Communities of Health (ACH) address the opioid crisis. These six strategies offer promising interventions that can be implemented as part of the Medicaid demonstration opioid project – Project 3A.

We urge hospitals and health systems to engage with their ACHs on efforts to address the opioid crisis and support appropriate prescribing. Hospitals, health systems and providers should be in discussion with their ACHs about priorities and what system supports or resources they need to address the goals outlined in the Medicaid demonstration. We encourage stakeholders to review the six strategies to determine the ones that may be important and appropriate in your community.

Six Strategies for Hospitals, Health Systems, and Independent/Group practices:

1. Overdose Prevention – Implementing protocols and policies in the ED and primary care setting for overdose education and take home naloxone for at-risk individuals;
2. Expanding Access to Treatment – Initiating medication assisted treatment (MAT) in emergency departments and coordinating outpatient treatment for at-risk individuals;
3. Integrating PMP Data Into Clinical Workflows – Further utilization of the Prescription Monitoring Program (PMP) and integration of PMP data into EMR;
4. Expanding Access to Treatment – Developing and implementing a toolkit to support providers in increasing the number of patients treated with MAT;
5. Improving Opioid Prescribing Practices – Leveraging data and guidelines to support appropriate opioid prescribing practices; and

ACHs are being asked to submit applications by November outlining their transformation strategies. To assist the ACHs and their providers, the Washington State Hospital Association (WSHA) and the Washington State Medical Association (WSMA) convened subject matter experts to identify promising strategies for hospitals, health systems, and independent/group practices to address the opioid crisis. We hope that hospitals, health systems and providers will discuss these strategies with their ACHs and that ACHs will implement many of these approaches. We believe the impact will be stronger by having work aligned across regions.

While each strategy can stand on its own, we envision that hospitals, health systems and ACHs will want to couple individual strategies and supporting data to form a comprehensive opioid strategy focused on prevention, appropriate prescribing and access to treatment.

As with other components of the ACH work, we fully expect these strategies to evolve and become more tightly calibrated over time. We recognize that much of the work on applications is starting now and we wanted to offer our suggestions in a timely manner for consideration as ACHs begin their drafting. We welcome your feedback on how these strategies can be improved.

If you have further questions or wish to partner with WSHA or WSMA on any of these strategies please contact Ian Cobridge, ianc@wsha.org or Jeb Shepard, jeb@wsma.org

Opportunities for Collaboration – Hospitals and ACHs

- Hospitals to engage with WSHA on opioid work
- Discuss priorities and work on opioids with ACHs
- ACH as accelerant and partner on WSHA’s strategies and work
  - How would dollars flow?
How You Can Drive Change
Board and Commission Members As Change Agents

• Advocate for opioid interventions WSHA is advancing to your ACH
• What information is helpful for you as hospital leaders?
• Advocate for a system approach
  • Improve opioid prescribing
  • Stop overdoses
  • Access to treatment
    • Hospital ED
    • Community
    • Treatment in jails
Questions?

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