

Compass Opioid Stewardship Certificate Program



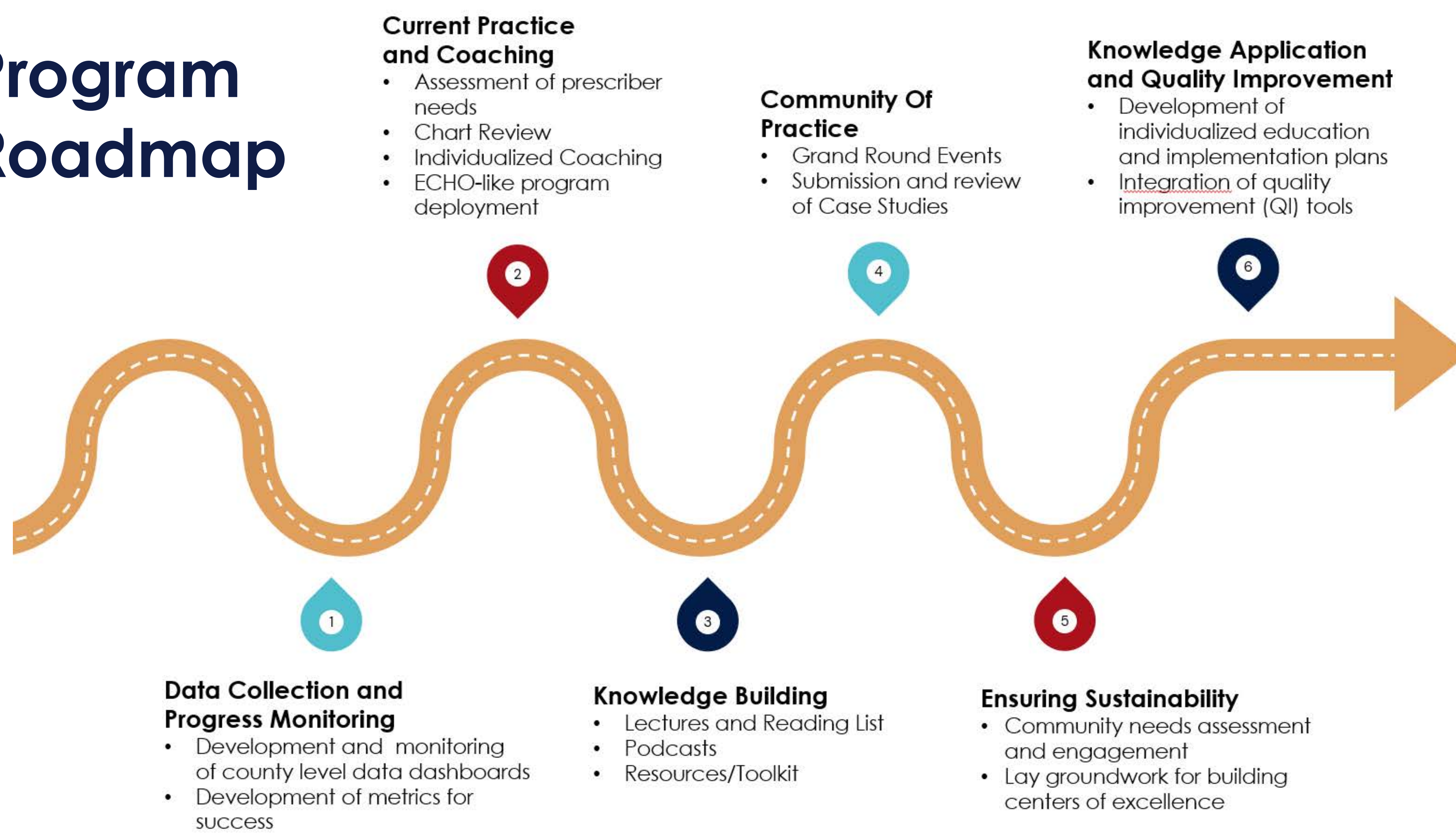
OPIOID PRESCRIBER SAFETY AND SUPPORT
OPSS



Clinicians across the nation continue to face one of the most devastating public health crises in decades. Physiologic dependence and tolerance contribute to opioid use disorder (OUD) and opioid-related adverse drug events, including overdose and death. The medical community must be able to recognize OUD and be prepared to treat according to medication-assisted therapy (MAT). Providers must also be prepared to use a multidisciplinary, multi-modal approach to pain management. This is especially true as the field of pain management and medication access evolves. A real-time examples includes the recent authorization of Narcan nasal spray as an over-the-counter medication, providing direct access to this life-saving drug to the public. Clinicians, auxiliary and other support staff must all be a part of the team in order to address the opioid crisis and prevent opioid-related harms. Education about life-saving treatment is a crucial part of the national response. The March 2023 release from the FDA that Narcan nasal spray is available over-the-counter providing direct access to the public.

Fortunately, clinicians and health care systems also have the power to reverse the opioid crisis by transforming their practices. In response to the Centers for Medicare and Medicaid Services (CMS) Opioid Prescriber Safety and Support (OPSS) Task Order (TO), the Iowa Healthcare Collaborative (IHC) has developed the national Compass Opioid Stewardship Program (OSP). This program supports providers through education and outreach to improve prescribing practices and increase the use of non-opioid pain management therapies. The program focuses on reducing the impact of the opioid epidemic by building relationships with those on the frontline of care and teaming with stakeholders to maintain an agile and responsive healthcare system.

Program Roadmap



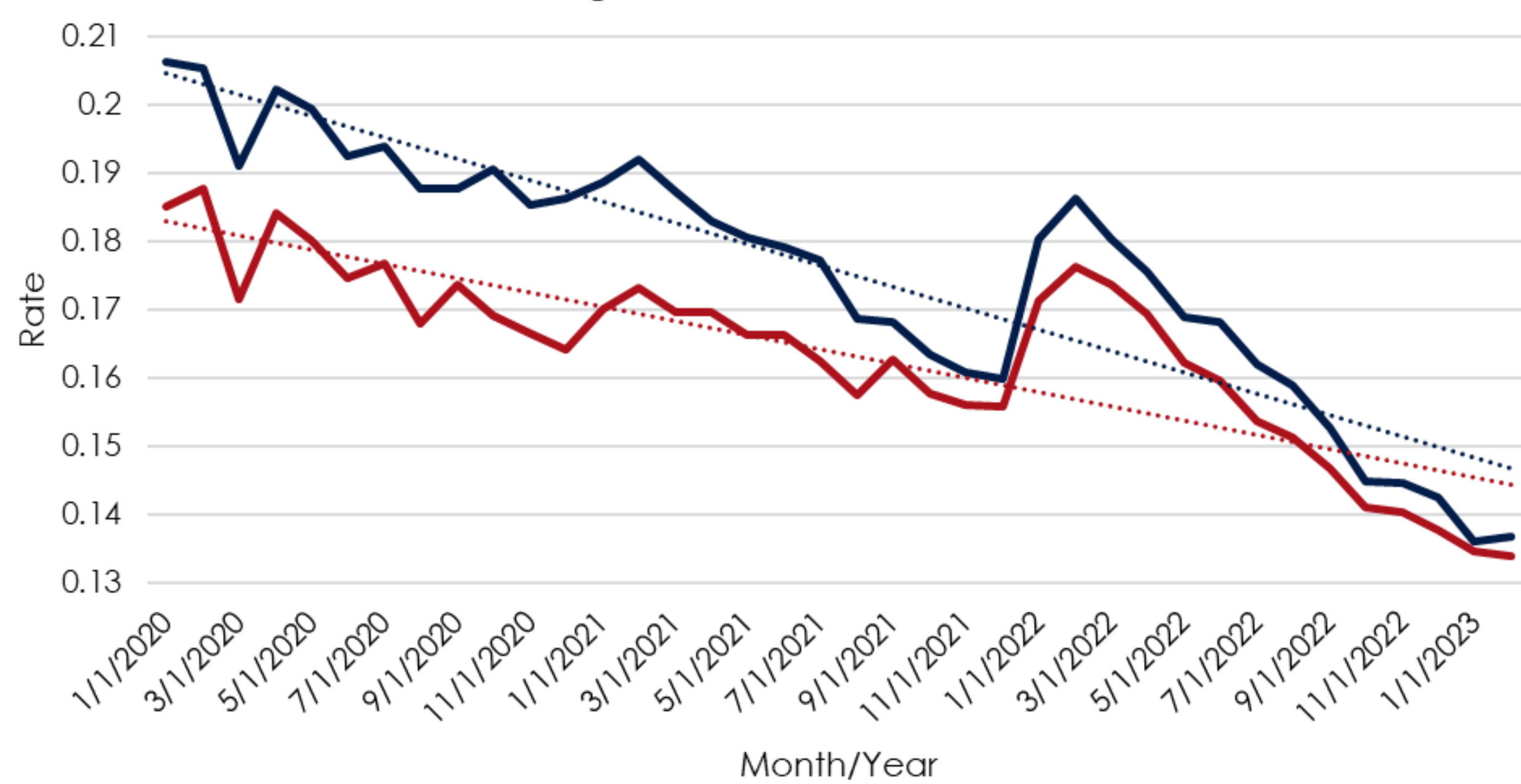
Enrolled Provider Testimonial

"My journey with Compass has been one of "why me" to "thank goodness me" My understanding of the many facets of pain management has improved tremendously by taking advantage of the many ways to access information on caring for people with chronic pain. The atmosphere of other providers wanting to help you be a better physician and deliver better care is very comforting. You realize you're not on this island alone and other providers are facing the same battles. I wish more practitioners could see how helpful this community of professionals is in improving care for our pain patients."

- Dr. William Long, North Carolina

Opioid Prescribing Rate

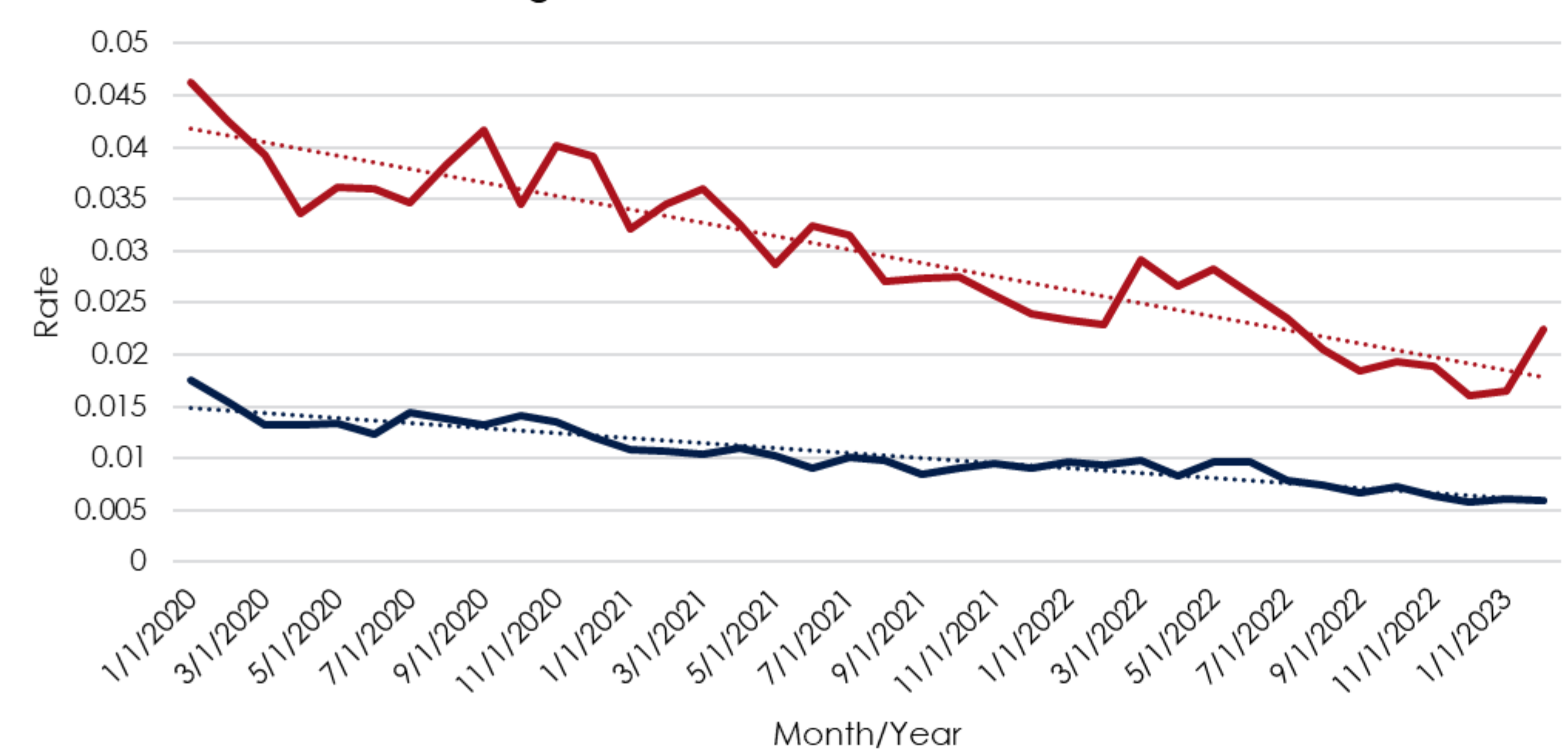
Enrolled vs Eligible but not enrolled clinicians



— Eligible but not Enrolled Clinicians (n=172)
— Enrolled Clinicians (n=267)
..... Linear (Eligible but not Enrolled Clinicians (n=172))
..... Linear (Enrolled Clinicians (n=267))

Opioid and Benzodiazepine Co-prescribing Rate

Enrolled vs Eligible but not enrolled clinicians



— Eligible but not Enrolled Clinicians (n=172)
— Enrolled Clinicians (n=267)
..... Linear (Eligible but not Enrolled Clinicians (n=172))
..... Linear (Enrolled Clinicians (n=267))

Outcomes



Opioid Prescribing

- + **24,881** fewer opioid claims
- + **9.25%** reduction in opioid claims
- + **15,106** fewer beneficiaries receiving opioids



Cost Savings Estimates

- + **\$2,031,360** saved in opioid drug costs
- + **\$11,118,016** saved in medical costs related to opioid use/OUD
- + **\$75,530** saved in additional medical costs related to averted fatal opioid overdose
- + **\$7,492,576** saved in additional medical costs saved from averted non-fatal opioid overdose
- + **120** lives saved



Opioid and Benzodiazepine Co-prescribing

- + **1,438** fewer co-prescription claims
- + **1.91%** increase in co-prescription claims
- + **629** fewer beneficiaries receiving opioid and benzodiazepine co-prescriptions

This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.