CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

Harm Reduction in Indian Country

PATH & IHS HOPE

Align

AGENDA

Welcome & Introductions

Partnership to Advance Tribal Health (PATH)

Indian Health Service (IHS): *Heroin, Opioids and Pain Efforts Committee (HOPE)*

Framing the work

Marilyn Reierson, MS; PATH

Highlighting HOPE

Cindy Gunderson, PHARMD, CAPT USPHS; IHS HOPE

Panel discussion

Jane Brock, MD, MPH; PATH

Cindy Gunderson, PHARMD, CAPT USPHS; IHS HOPE

Q&A

CMS Quality 2023 Conference

Building Resilient Communities:

Having an Equitable Foundation for Quality Healthcare

Today's Speakers

Marilyn Reierson, MS
PATH Program Director

CAPT Cindy Gunderson, PHARMD
IHS HOPE Committee Chair

Jane Brock, MD, MPH
PATH Clinical Director

Framing the Work

Marilyn Reierson, MS
PATH Program Director

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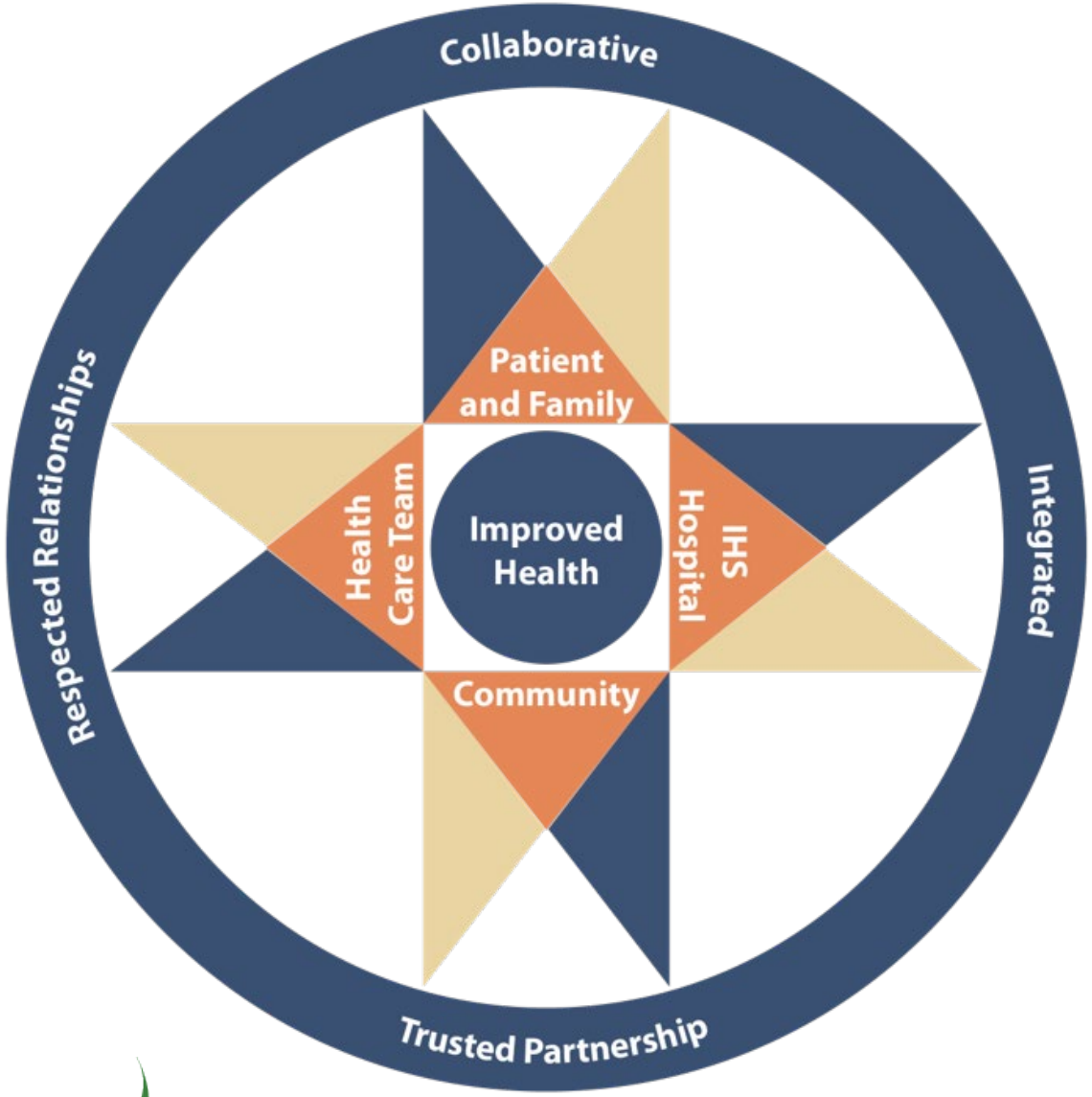
Building Resilient Communities:
Having an Equitable Foundation for Quality Healthcare



Partnership to Advance Tribal Health (PATH) aims to:

Improve the health of American Indian and Alaska Native communities

Transform patient care

Use patient-centered, evidence-based, culturally appropriate resources

Address unique health care quality challenges

Leverage trusted relationships

Enter
BDW-H SCORECARD Dashboard

Enter
OPIOID Surveillance Dashboard

IHS National Committee on Heroin Opioids and Pain Efforts (HOPE Committee) aims to:

Work with tribal stakeholders

Promote appropriate and effective pain management

Reduce overdose deaths from heroin and prescription opioid misuse

Improve access to culturally appropriate treatment

PATH & HOPE

Improving behavioral health outcomes

Align IHS and CMS strategic priorities

Build upon and bridge each other's work

Strengthen and amplify the reach and impact of our programs

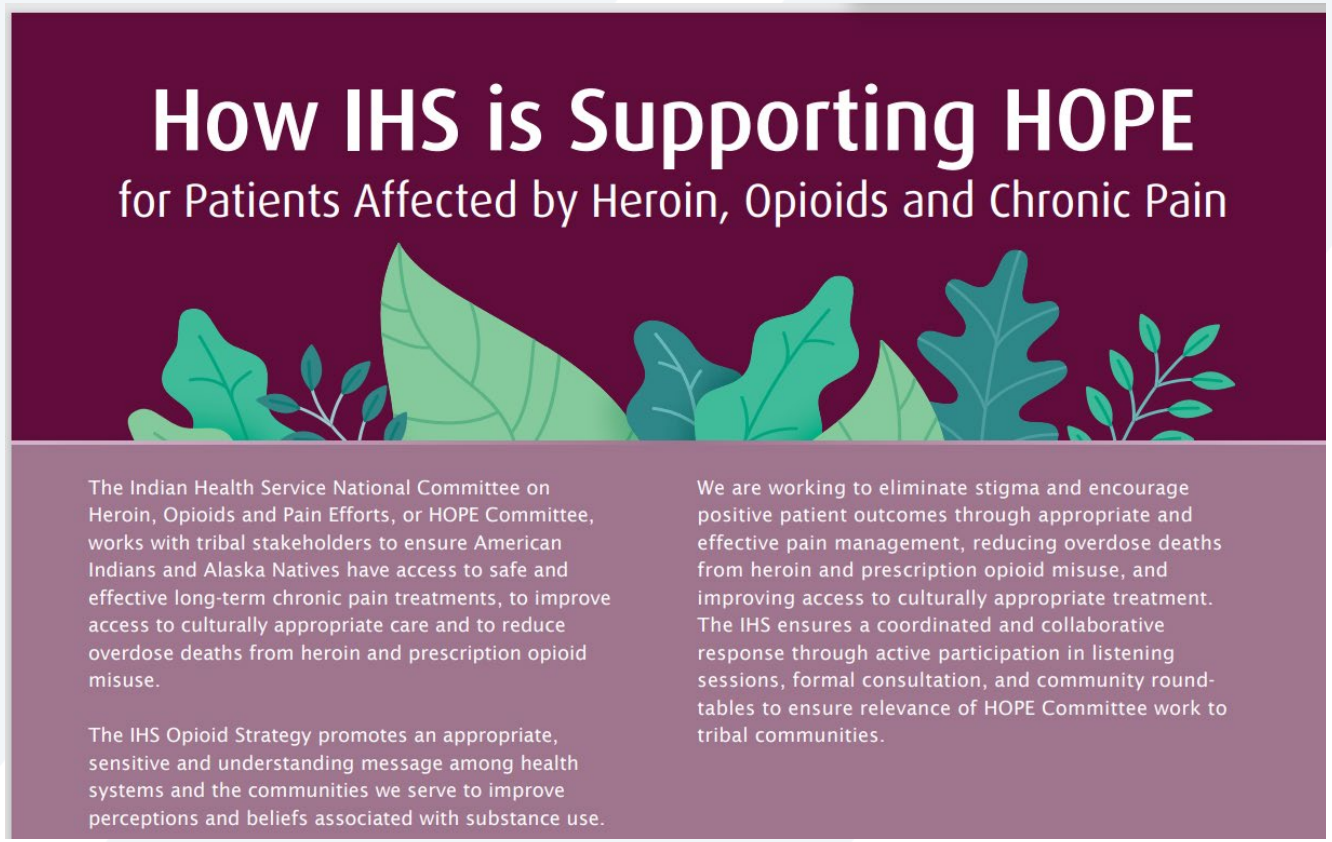
Enhance capacity to address opioids adverse events

Promote wellbeing of patients, families, friends and neighbors

Highlighting HOPE

CAPT Cindy Gunderson, PharmD
IHS HOPE Committee Chair

IHS National Committee on Heroin, Opioids, and Pain Efforts (HOPE)



- Expand access to evidence-based treatment and recovery support
- Provide workforce development and training opportunities
- Enhance harm reduction strategies
- Improve pain management outcomes
- Support substance use disorder prevention initiatives
- Enhance clinical decision support tools and improve ability to extract and analyze clinical opioid data

HOPE Committee | Opioid Stewardship in the Indian Health Service (ihs.gov)

HOPE Committee Leads

Role	Name
Chair	CAPT Cynthia Gunderson, PharmD
Vice Chair	Dr. Geniel Harrison, MD
Secretary	LCDR Kristin Allmaras, PharmD
Pain Management	Dr. Geniel Harrison, MD
Pain Management/Dental	CAPT Brandy Larson, DDS
Pain Management/Physical Therapy	CDR Steven Spoonemore, DPT
Pain Management/Rehabilitation	CDR Molly Rutledge, MA, MS
Treatment and Recovery	LCDR Sherry Daker, PharmD
Treatment and Recovery	CDR Teresa Grund, RPh
Harm Reduction	CDR Tana Triepke, PharmD
Harm Reduction/Syringe Service Programs	LCDR Samantha Gustafson, PharmD
Harm Reduction/Injury Prevention	CDR David Bales, CSP, MPH, REHS
Metrics/Technical Assistance	Dr. Tamara James, PhD
Metrics/Technical Assistance	CAPT Katie Johnson, PharmD
Metrics/Technical Assistance	CDR John Lester, PharmD
Metrics/Technical Assistance	CAPT Thomas Weiser, MD
Communications	LCDR Nicholas Cushman, PharmD
Workforce Development	LCDR Tincy Maroor, PharmD

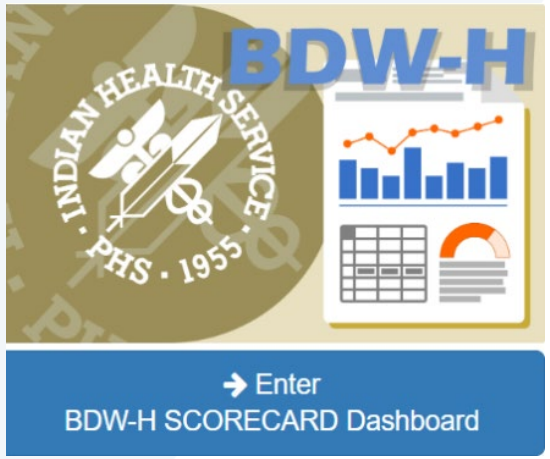
Division of Behavioral Health (DBH) Advisor: JB Kinlacheeny, MPH

The Case for Collaboration

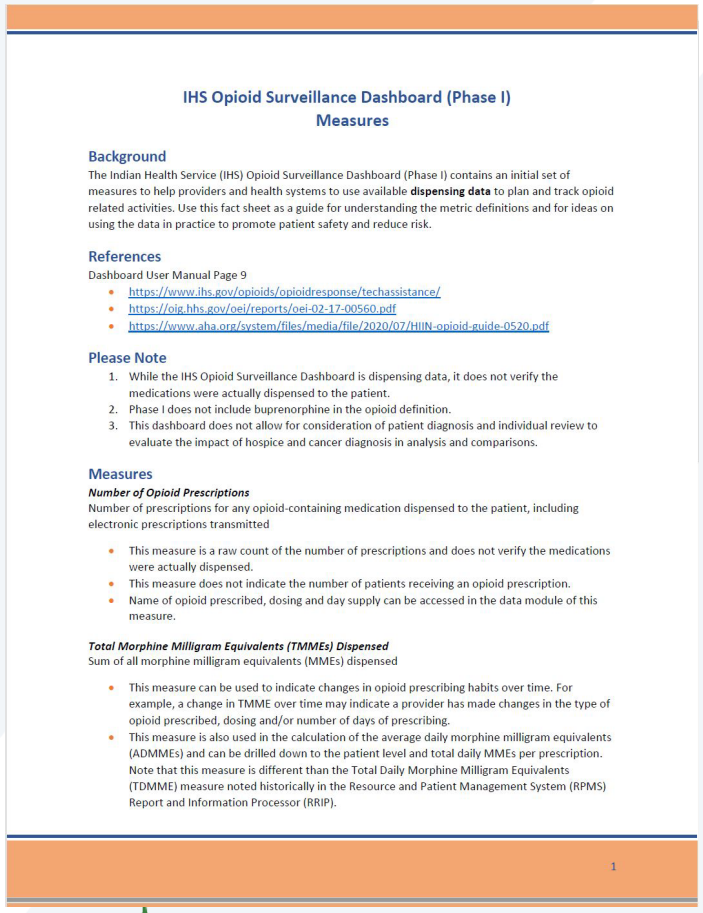
- ✓ Alignment
- ✓ Reach and amplification
- ✓ Communication and consolidation
- ✓ Increases improvement opportunities for providers and facilities
- ✓ Resource considerations

IHS Opioid Stewardship and Data

- Opioid Surveillance Dashboard
- Developed by Division of Behavioral Health and HOPE Committee
- Field subject matter experts (SMEs) inform metric definitions and user stories
- Measure overview



Co-created products:
Opioid Surveillance Dashboard (OSD) Support



IHS Opioid Surveillance Dashboard (Phase I)
Measures

Background

The Indian Health Service (IHS) Opioid Surveillance Dashboard (Phase I) contains an initial set of measures to help providers and health systems to use available **dispensing data** to plan and track opioid related activities. Use this fact sheet as a guide for understanding the metric definitions and for ideas on using the data in practice to promote patient safety and reduce risk.

References

Dashboard User Manual Page 9

- https://www.ihs.gov/opioids/opioidresponse/techassistance/
- https://oig.hhs.gov/oei/reports/oei-02-17-00560.pdf
- https://www.aha.org/system/files/media/file/2020/07/HIIN-opioid-guide-0520.pdf

Please Note

1. While the IHS Opioid Surveillance Dashboard is dispensing data, it does not verify the medications were actually dispensed to the patient.
2. Phase I does not include buprenorphine in the opioid definition.
3. This dashboard does not allow for consideration of patient diagnosis and individual review to evaluate the impact of hospice and cancer diagnosis in analysis and comparisons.

Measures

Number of Opioid Prescriptions

Number of prescriptions for any opioid-containing medication dispensed to the patient, including electronic prescriptions transmitted

- This measure is a raw count of the number of prescriptions and does not verify the medications were actually dispensed.
- This measure does not indicate the number of patients receiving an opioid prescription.
- Name of opioid prescribed, dosing and day supply can be accessed in the data module of this measure.

Total Morphine Milligram Equivalents (TMMEs) Dispensed

Sum of all morphine milligram equivalents (MMEs) dispensed

- This measure can be used to indicate changes in opioid prescribing habits over time. For example, a change in TMME over time may indicate a provider has made changes in the type of opioid prescribed, dosing and/or number of days of prescribing.
- This measure is also used in the calculation of the average daily morphine milligram equivalents (ADMMEs) and can be drilled down to the patient level and total daily MMEs per prescription. Note that this measure is different than the Total Daily Morphine Milligram Equivalents (TDMME) measure noted historically in the Resource and Patient Management System (RPMS) Report and Information Processor (RRIP).

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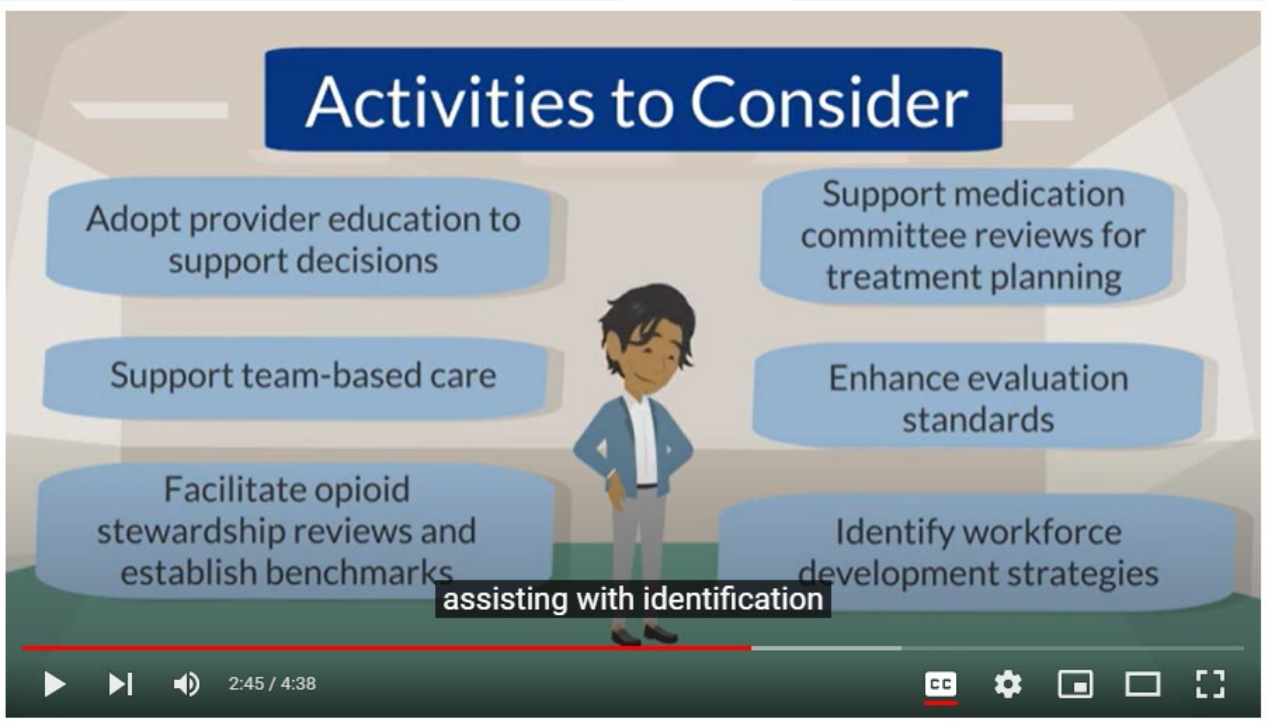
OSD Implementation



LIVE Training Sessions

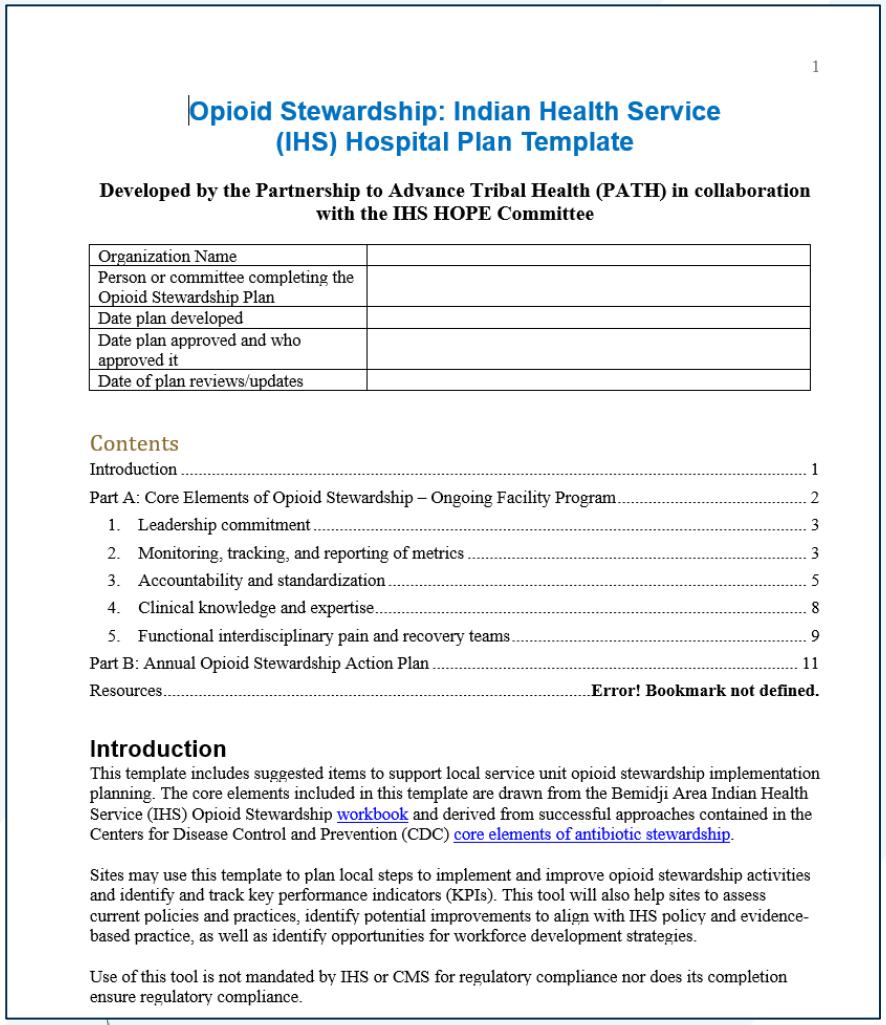
- Office Hours led by IHS SMEs, hosted by PATH
- PATH staff support administrative functions

Measure Overview

Videos

- OSD Overview
- Getting Access to the Dashboard
- Incorporating Data into Opioid Stewardship Plans

Opioid Stewardship Engagement



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Opioid Stewardship: Indian Health Service (IHS) Hospital Plan Template

Developed by the Partnership to Advance Tribal Health (PATH) in collaboration with the IHS HOPE Committee

Organization Name	
Person or committee completing the Opioid Stewardship Plan	
Date plan developed	
Date plan approved and who approved it	
Date of plan reviews/updates	

Contents

Introduction

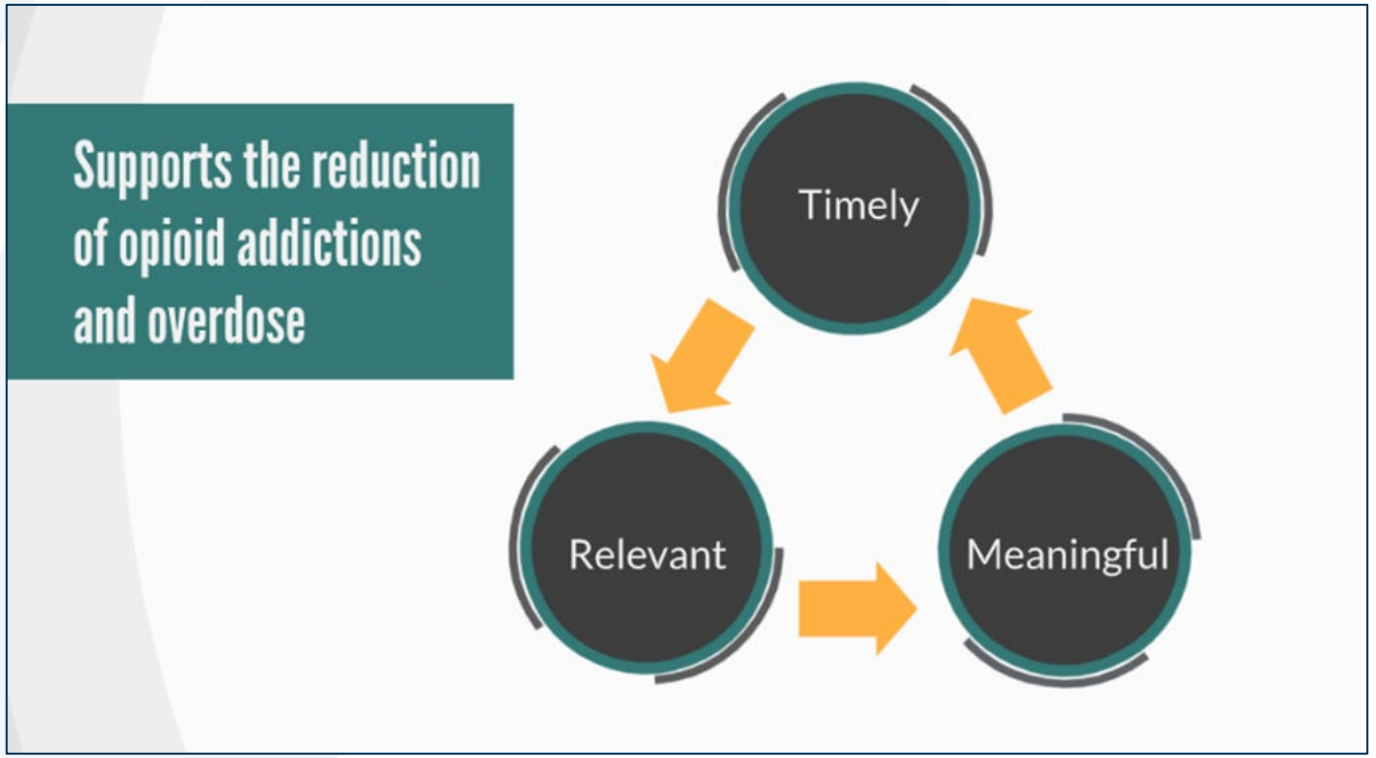
This template includes suggested items to support local service unit opioid stewardship implementation planning. The core elements included in this template are drawn from the Bemidji Area Indian Health Service (IHS) Opioid Stewardship workbook and derived from successful approaches contained in the Centers for Disease Control and Prevention (CDC) core elements of antibiotic stewardship.

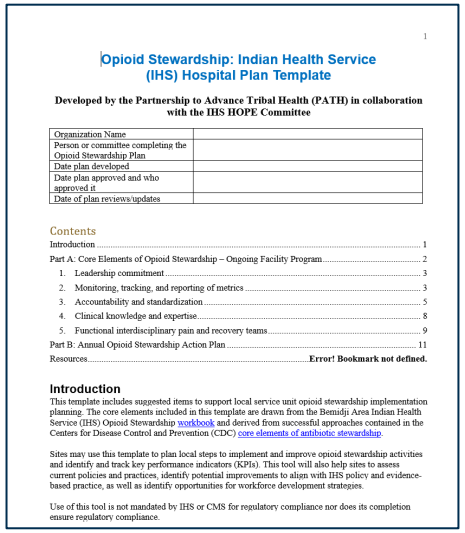
Sites may use this template to plan local steps to implement and improve opioid stewardship activities and identify and track key performance indicators (KPIs). This tool will also help sites to assess current policies and practices, identify potential improvements to align with IHS policy and evidence-based practice, as well as identify opportunities for workforce development strategies.

Use of this tool is not mandated by IHS or CMS for regulatory compliance nor does its completion ensure regulatory compliance.

- Policy Automation and Standardization Effort
- PATH revised sample Opioid Stewardship Workbook and aligned contents with Antibiotic Stewardship approaches
- Interdisciplinary tool to guide planning considerations
- American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) QI Credit

Co-created products: Opioid Stewardship





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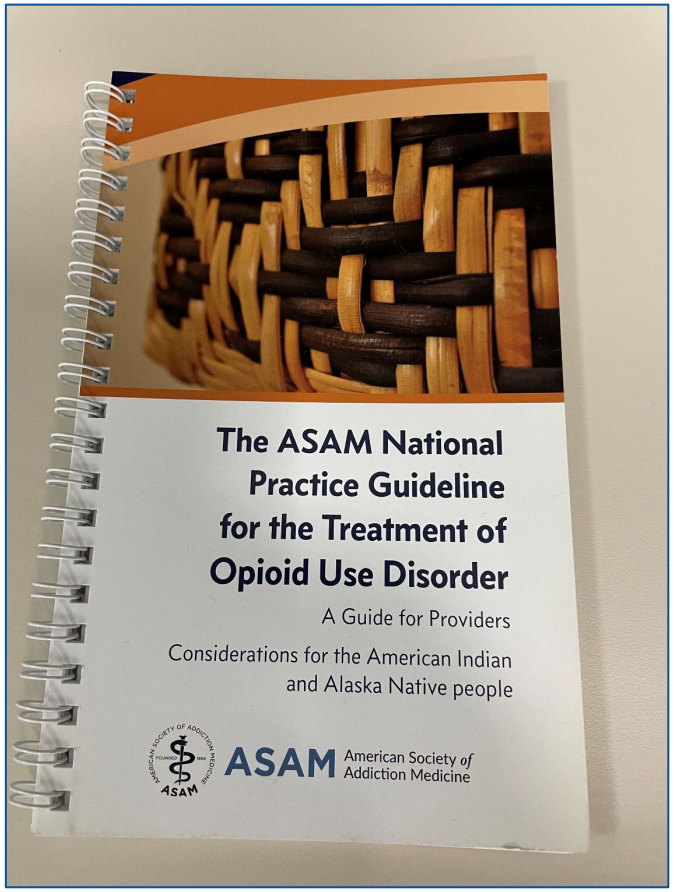
Workforce Development

- IHS Essential Training in Pain and Addiction
- Extension for Community Healthcare Outcomes (ECHO) Programs
  - Indian Country ECHO
    - ‘Syndemic’; Pharmacist Substance Use Disorder (SUD); Peer Recovery; etc.
- Fellowship Training Program Opportunity
- IHS Pain & Opioid Use Disorder Webinar Series



Workforce Development Strategies

- Co-hosting educational events
- Shared messaging & amplified attendance
- Practical screening considerations and introduction to Medications for opioid use disorder (MOUD)
- Harm Reduction considerations

PATH Learning Circle Screening Strategies for Substance Use Disorder

On-demand Clinical Consultation

CLINICIAN-TO-CLINICIAN

SUBSTANCE USE WARMLINE

(855) 300-3595

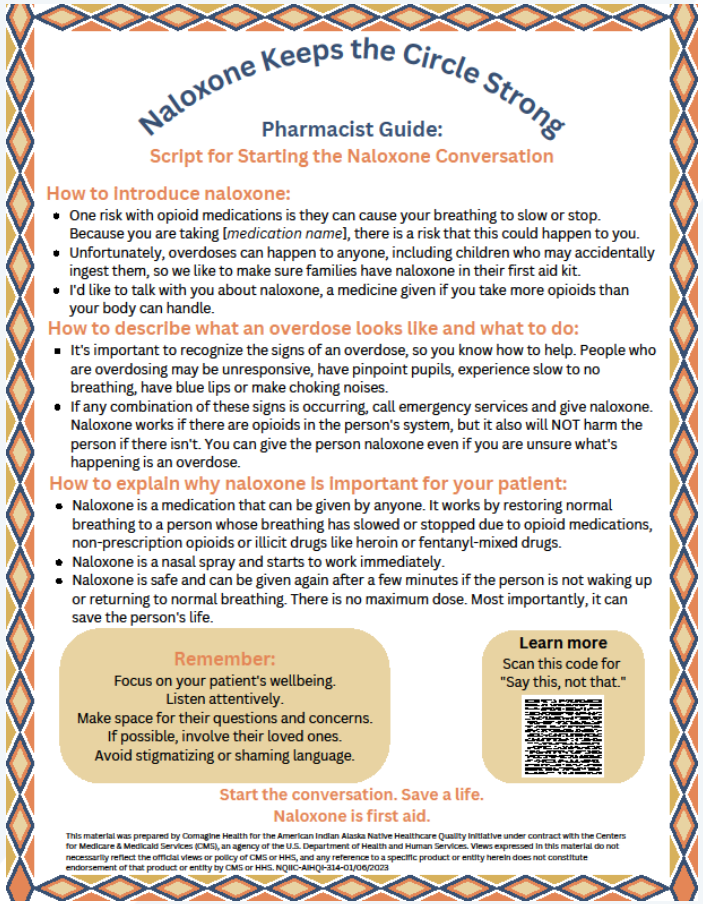
6am - 5pm PST (Mon-Fri)

Submit cases online: nccc.ucsf.edu

Free, confidential, on-demand tele-consultation service for IHS providers seeking expert recommendations on evaluation and management of opioid, alcohol, and other substance use.

We welcome calls from all healthcare providers in IHS, tribal, and urban facilities.

Co-developed materials: Naloxone Campaign



Naloxone Keeps the Circle Strong

Pharmacist Guide:

Script for Starting the Naloxone Conversation

How to Introduce naloxone:

- One risk with opioid medications is they can cause your breathing to slow or stop. Because you are taking [*medication name*], there is a risk that this could happen to you.
- Unfortunately, overdoses can happen to anyone, including children who may accidentally ingest them, so we like to make sure families have naloxone in their first aid kit.
- I'd like to talk with you about naloxone, a medicine given if you take more opioids than your body can handle.

How to describe what an overdose looks like and what to do:

- It's important to recognize the signs of an overdose, so you know how to help. People who are overdosing may be unresponsive, have pinpoint pupils, experience slow to no breathing, have blue lips or make choking noises.
- If any combination of these signs is occurring, call emergency services and give naloxone. Naloxone works if there are opioids in the person's system, but it also will NOT harm the person if there isn't. You can give the person naloxone even if you are unsure what's happening is an overdose.

How to explain why naloxone is important for your patient:

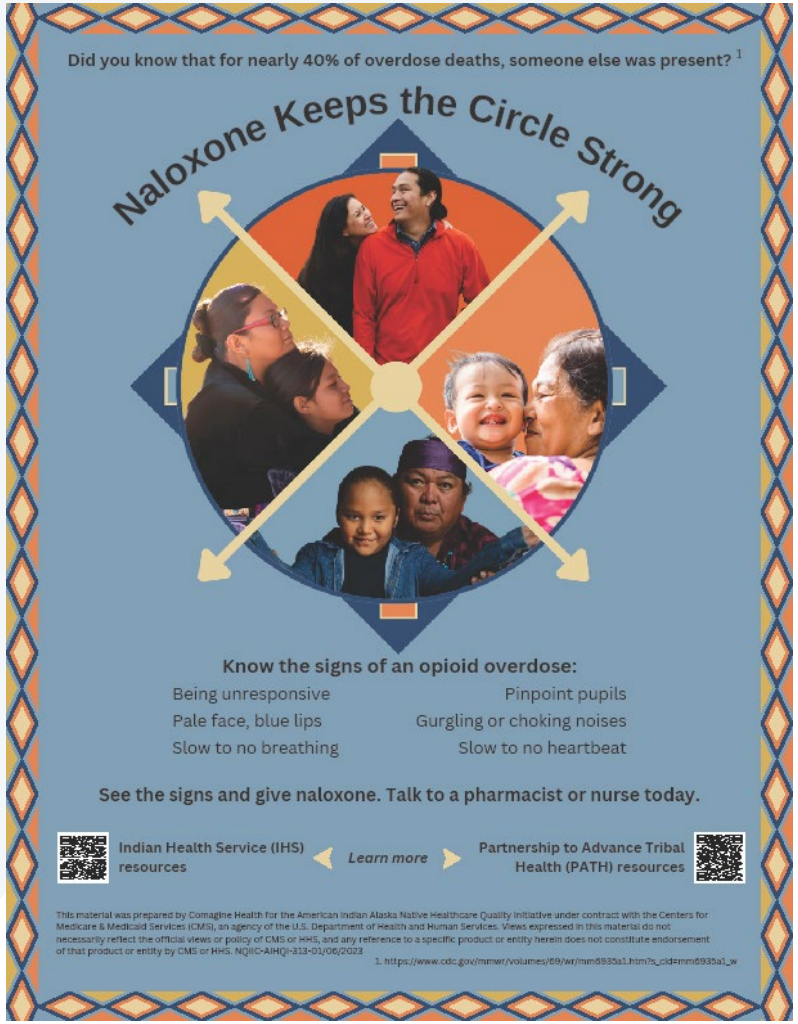
- Naloxone is a medication that can be given by anyone. It works by restoring normal breathing to a person whose breathing has slowed or stopped due to opioid medications, non-prescription opioids or illicit drugs like heroin or fentanyl-mixed drugs.
- Naloxone is a nasal spray and starts to work immediately.
- Naloxone is safe and can be given again after a few minutes if the person is not waking up or returning to normal breathing. There is no maximum dose. Most importantly, it can save the person's life.

Remember:
Focus on your patient's wellbeing.
Listen attentively.
Make space for their questions and concerns.
If possible, involve their loved ones.
Avoid stigmatizing or shaming language.

Learn more
Scan this code for "Say this, not that."

Start the conversation. Save a life.
Naloxone is first aid.

This material was prepared by Comagine Health for the American Indian Alaska Native Healthcare Quality Initiative 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. NQIIC-AIHQI-314-01/06/2023



Did you know that for nearly 40% of overdose deaths, someone else was present? [1]

Naloxone Keeps the Circle Strong

Know the signs of an opioid overdose:

- Being unresponsive
- Pale face, blue lips
- Slow to no breathing
- Pinpoint pupils
- Gurgling or choking noises
- Slow to no heartbeat

See the signs and give naloxone. Talk to a pharmacist or nurse today.

Indian Health Service (IHS) resources ◀ *Learn more* ▶ Partnership to Advance Tribal Health (PATH) resources

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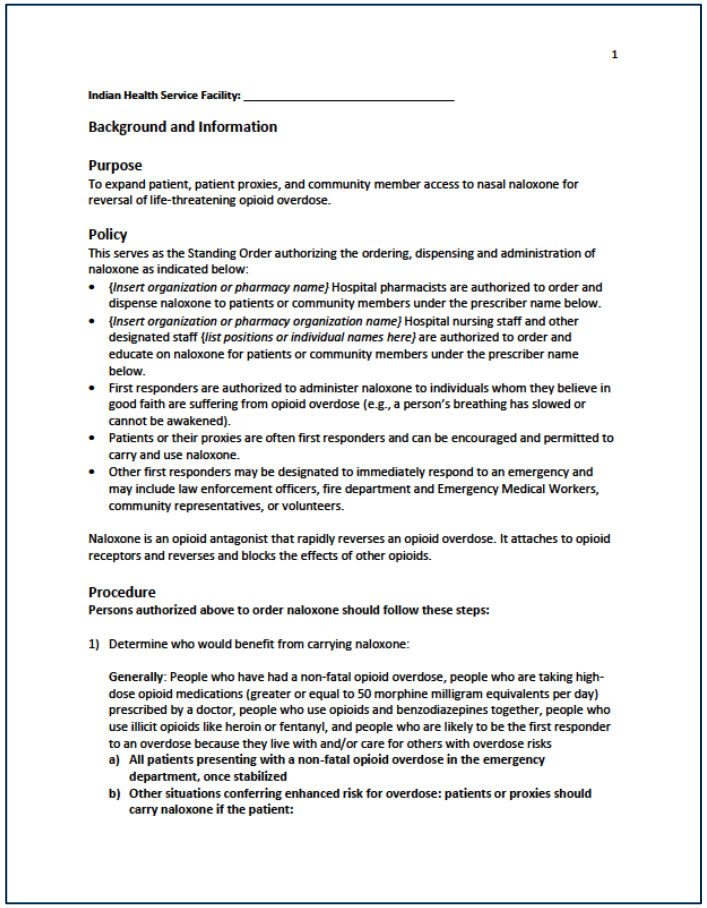
1. https://www.cdc.gov/mmwr/volumes/69/wr/mm6935a1.htm?s_cid=mm6935a1_w



Indian Health Service Facility: _____

Background and Information

Purpose

To expand patient, patient proxies, and community member access to nasal naloxone for reversal of life-threatening opioid overdose.

Policy

This serves as the Standing Order authorizing the ordering, dispensing and administration of naloxone as indicated below:

- *{Insert organization or pharmacy name}* Hospital pharmacists are authorized to order and dispense naloxone to patients or community members under the prescriber name below.
- *{Insert organization or pharmacy organization name}* Hospital nursing staff and other designated staff *{list positions or individual names here}* are authorized to order and educate on naloxone for patients or community members under the prescriber name below.
- First responders are authorized to administer naloxone to individuals whom they believe in good faith are suffering from opioid overdose (e.g., a person's breathing has slowed or cannot be awakened).
- Patients or their proxies are often first responders and can be encouraged and permitted to carry and use naloxone.
- Other first responders may be designated to immediately respond to an emergency and may include law enforcement officers, fire department and Emergency Medical Workers, community representatives, or volunteers.

Naloxone is an opioid antagonist that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of other opioids.

Procedure

Persons authorized above to order naloxone should follow these steps:

1) Determine who would benefit from carrying naloxone:

Generally: People who have had a non-fatal opioid overdose, people who are taking high-dose opioid medications (greater or equal to 50 morphine milligram equivalents per day) prescribed by a doctor, people who use opioids and benzodiazepines together, people who use illicit opioids like heroin or fentanyl, and people who are likely to be the first responder to an overdose because they live with and/or care for others with overdose risks

a) **All patients presenting with a non-fatal opioid overdose in the emergency department, once stabilized**
b) **Other situations conferring enhanced risk for overdose: patients or proxies should carry naloxone if the patient:**

Panel Discussion

Marilyn Reierson, MS
PATH Program Director

CAPT Cindy Gunderson, PharmD
IHS HOPE Committee chair

Jane Brock, MD, MPH
PATH Clinical Director

Panel Discussion Questions

What are you excited about?

What is on the horizon for this collaboration?

Future opportunities

Thank you!

Questions?