ADDICTION POLICY FORUM

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

E·QUAL | EMERGENCY QUALITY NETWORK

2018 Opioid Initiative Wave I - Benchmarking Guide

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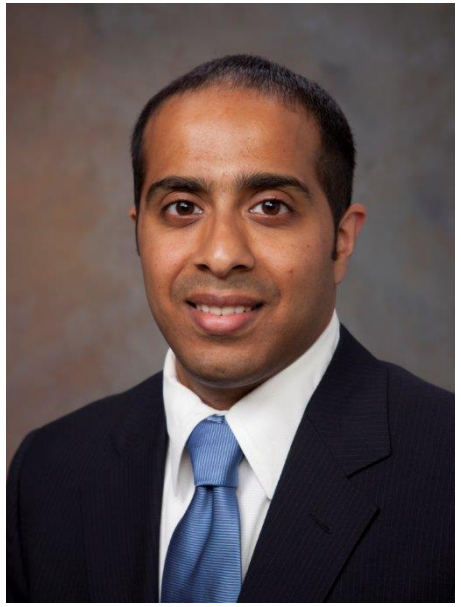
Disclosures & Disclaimer

- Centers for Medicare and Medicaid Innovation: ACEP TCPI
- Contracted with Centers for Medicare and Medicaid Services to develop hospital outcome and efficiency measures
- The project described is supported by the Addiction Policy Forum.

Presenter



Arjun Venkatesh, MD, MBA, MHS

Opioid Initiative Wave I

- Over 185 ED sites signed up!

- The numbers of engage emergency clinicians is currently being tallied.

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Activity Tracker

Use the E-QUAL portal to track and complete activities for the Opioid Initative Wave I Initiative. Activities are aligned with E-QUAL webinars and educational offerings but can be completed at any time during the learning period.

Pre-Wave Assessment — **Quality Readiness Assessment**

Activity 1 — **Kick-Off**

Sign the E-QUAL Participation Agreement and upload your list of local clinicians and leaders.

Activity 2 — **Benchmarking I**

Activity 3 — **Engage Leadership and Review Best Practices**

Activity 4 — **Download and Review Benchmarking I Data**

Get your Benchmarking results from Activity 2. Download your personalized, confidential benchmarking report and review results with both ED and hospital leaders as well as front-line clinicians to develop common goals.

Activity 5 — **Commit to Data-Driven Best Practices**

Tell us about your efforts to disseminate your Benchmarking reports locally and how you will use best practices to focus quality improvement efforts on data-driven targets.

Activity 6 — **Front-Line Engagement**

Practice change requires the engagement and enthusiasm of front-line clinicians. Help us understand which E-QUAL products your clinicians have found most useful and how you integrated evidence-based tools in your ED.

Activity 7 — **Develop and Review Your CMS Quality Payment Program (QPP) Plan**

Requirements of the new CMS Quality Payment Program (QPP) can be met through participation in E-QUAL and by your opioids quality improvement efforts. For 2018, participation in the new CMS Quality Payment Program can help avoid a 5% penalty on your Medicare Part B reimbursements in 2020.

Activity 8 — **Benchmarking II**

Quality improvement requires the use of iterative Plan-Do-Study-Act Cycles. Submit recent data **(July to October 2018)** to benchmark your current performance. The activity is due on December 19th in order to receive a timely benchmarking report.

Activity 9 — **Download and Review Benchmarking II Data**

Get your benchmarking results from Activity 8. Download your personalized, confidential benchmarking report and review results with both ED and hospital leaders as well as front-line clinicians to develop common goals.

Activity 10 — **Tell Your Success Story**

Tell us about the success of your intervention to reduce opioid associated harm. Results will be disseminated across the E-QUAL Network.

Post-Wave Assessment — **Quality Readiness Assessment**

Transforming clinical practice in the ED requires sustained focus and re-assessment. Submit your post-Wave I Quality Readiness Assessment to benchmark quality improvement activities, and identify future opportunities for practice improvement.

Benchmarking – Data Submission Categories

Safe Prescribing

- Choose one of three clinical conditions:
  - Atraumatic Headache
  - Low Back Pain
  - Dental Pain

Overdose Care

- Only one category: Overdose Patients

Benchmarking – Steps

- Step 1 – Identify 30 cases for manual review
  - ID based on ED diagnostic coding
  - Query EHR or billing data, OR
  - Get assistance from you revenue cycle management company
- Step 2 – Manually abstract numerator elements from each case.
- Step 3 – Input elements into rows on the E-QUAL portal.

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Safe Prescribing Quick-Chart Review Tool

Record Number	Exclusion Reasons	Patient Age	Patient Sex	Opioid administered in ED	If an opioid was given in the ED, were other treatments (e.g. ketorolac, metoclopramide, magnesium, dexamethasone) tried first	Opioid prescribed at discharge	Opioid pill count prescribed at discharge	Benzodiazepine prescribed at discharge?	Instructed to take OTC medicine (acetaminophen, ibuprofen or other NSAID)	Delete Row
No rows to display.										

+ Add New Row

Save

Complete This Activity

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Overdose Care Quick Chart Review Tool

Record Number	Exclusion Reasons	Patient Age	Patient Sex	Substance Use Evaluation	Naloxone prescribed at discharge	Naloxone dispensed at discharge	Methadone or Buprenorphine offered or given in ED	Suspected agent of overdose	Overdose prevention or harm reduction practice discussion documented	Referral to substance use disorder treatment offered	Delete Row
No rows to display.											

+ Add New Row

Save

Complete This Activity

Benchmarking Metrics: Safe Prescribing

Metric	Numerator	Denominator	Additional Information
Opioid Administration Rate	Patients receiving opioids during ED visit	30 cases of [back pain, dental pain or headache]	Any opioid administration route
Opioid Prescribing Rate	Patients prescribed opioids at discharge	30 cases of [back pain, dental pain or headache]	-
Safe Pain Instruction at Discharge Rate	Patients receiving discharge instructions to use non-opioid analgesics	30 cases of [back pain, dental pain or headache]	Regardlesss of an opoid prescription
ALTO Rate	Patients receiving non-opioids prior to opioids (≥10 min.) during ED visit	Patients receiving opioids during ED visit	
Opioid Prescription Pill Count	Mean number of pills per opioid prescription	Patients prescribed opioids at discharge	No denominator
Opioid and Benzodiazepine Co-Prescribing Rate	Patients receiving both opioids and benzodiazepines	No. of patients receiving opioids during ED visit	-

Benchmarking Metrics: Overdose Care

Metric	Numerator	Denominator	Additional Information
Substance-Use Evaluation Rate	Patients receiving substance-use evaluation during ED visit	30 cases discharged after unintentioal opioid overdose	-
Naloxone Prescription/ Dispensation Rate	Patients prescribed/dispensed naloxone at discharge	30 cases discharged after unintentional opioid overdose	-
Overdose Prevention/Harm Reduction Discussion Rate	Patients receiving overdose prevention or harm reduction strategies	30 cases discharged after unintentional opioid overdose	Documentation of dissemination is available
Treatment Referral Rate	Patients referred to treatment for substance-use disorder	30 cases discharged after unintentioal opioid overdose	Documentation of referral is available

Frequently Asked Questions

Question:
For determining if other treatments were administered before opioids, does a 2-5 minute difference between treatments qualify as occurring “prior to opioid therapy”?

Answers:
As this is not likely reflecting a care pattern that is using an alternative to opioid, as opposed to adjunctive treatment with an opioid, we consider concurrent administration of an opioid with a non-opioid as not occurring “prior to opioid therapy.” In this case the visit should be considered as “no”.

Question:
If more than one opioid treatment is administered, does our site only select the first one given?

Answers:
Select the first or primary opioid given.:
If only two opioids are given, then select first.
If more than two doses of opioids are given select the opioid given the most number of times.

Frequently Asked Questions

Question:
For determining if a benzodiazepine is ordered, does ordering one on discharge for alcohol withdrawal, qualify as a "Yes"?

Answers:
This still indicates that a benzodiazepine was administered. Concurrent alcohol and opioid abuse is common. And while BDZ therapy may be indicated for treatment of alcohol withdrawal, such patients may be at higher risk of poor outcomes and should be tracked for quality improvement. Benzodiazapine and opioid ***co-prescribing*** increases risk of overdose, irrespective of the indication for each.

Question:
Should our site only consider falls certain height as trauma?

Answers:
For the purposes of this quick review, any fall warranting evaluation for trauma or workup for possible trauma may be considered a fall.

Frequently Asked Questions

Question:
Does our site include patients who have been admitted?

Answers:
For both the Safe Prescribing and the Overdose chart review options, ***only discharged*** patients are to be included to ensure that benchmarking results are easier to interpret between sties.

Question:
Does our site exclude cases in which a patients code out and discharge diagnoses are difference (e.g. low back pain v. UTI)?

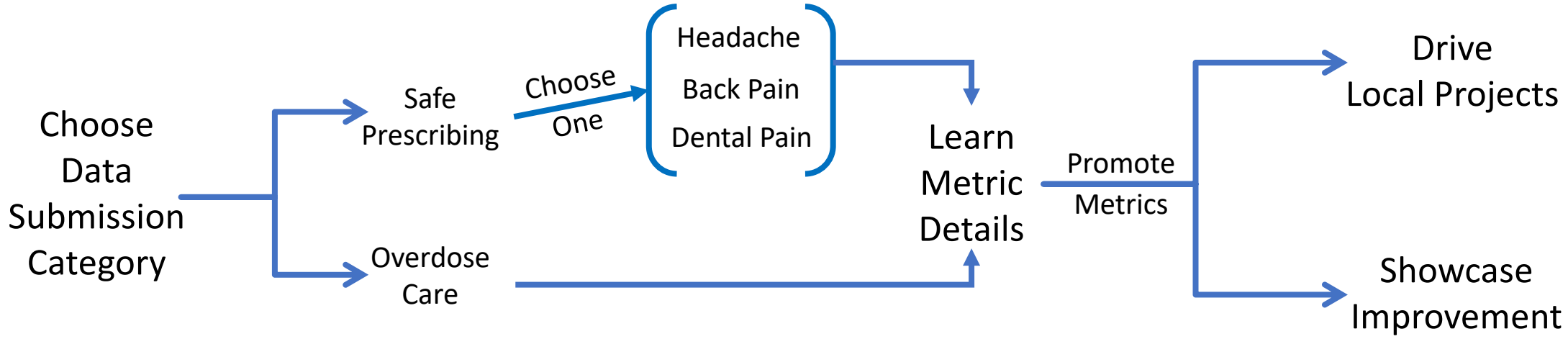
Answers:
Ideally, such cases should be excluded. We have developed denominator definitions using ICD-10 designed to identify cases with atraumatic low back pain as the primary presentation and need for ED care as opposed to alternative pathologies that may cause back pain. If you identify cases with both low back pain and an alternative diagnosis already coded, then please avoid abstraction and select the next case identified by your query.

Frequently Asked Questions

Please be sure to visit our full FAQ page. It can be access from our homepage (acep.org/equal) or directly, using the URL below:

https://acep.org/administration/quality/equal/acep-e-qual-network-faq

Bottom Line – For Wave I



"In God we trust, all others bring data" – W. Edwards Deming

For More Information

- E-QUAL Website
  - www.acep.org/equal
  - equal@acep.org
- Contacts:
  - Nalani Tarrant: (Senior Project Manager)
    ntarrant@acep.org
  - Dhruv Sharma: (Project Manager)
    dsharma@acep.org

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