

Disrupting Substance Use Disorder Together

March 16, 2023

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Maintaining Collaborative Efforts

On behalf of **IPRO**, **Qlarant**, and **Healthcentric Advisors**, members of the IPRO QIN-QIO

Welcome!

- Please introduce yourself using the chat
 - Name, organization, role, and location



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The IPRO QIN-QIO

A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)

- 12 QIN-QIOs nationally in different regions

IPRO:

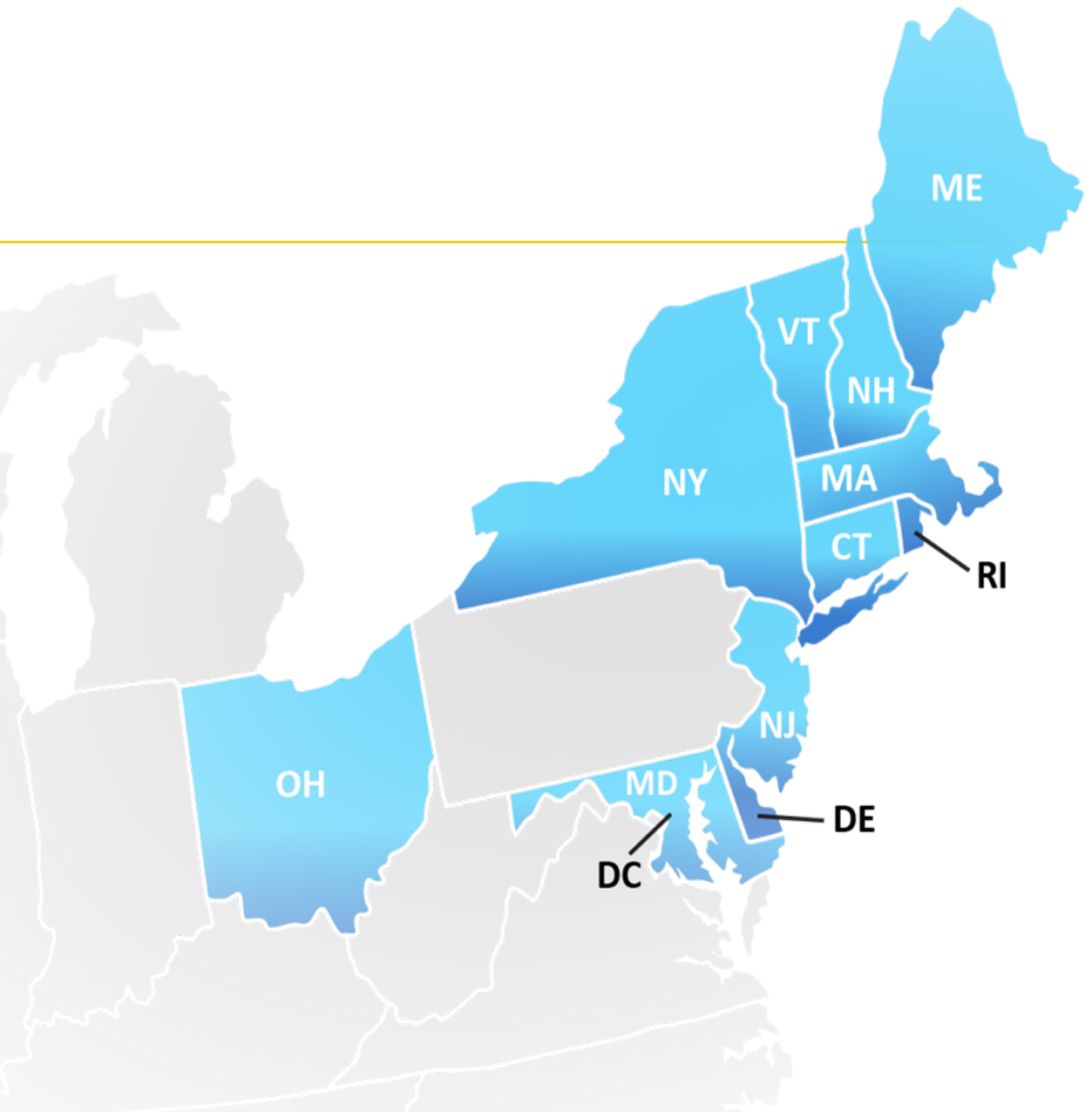
New York, New Jersey, and Ohio

Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:

Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries



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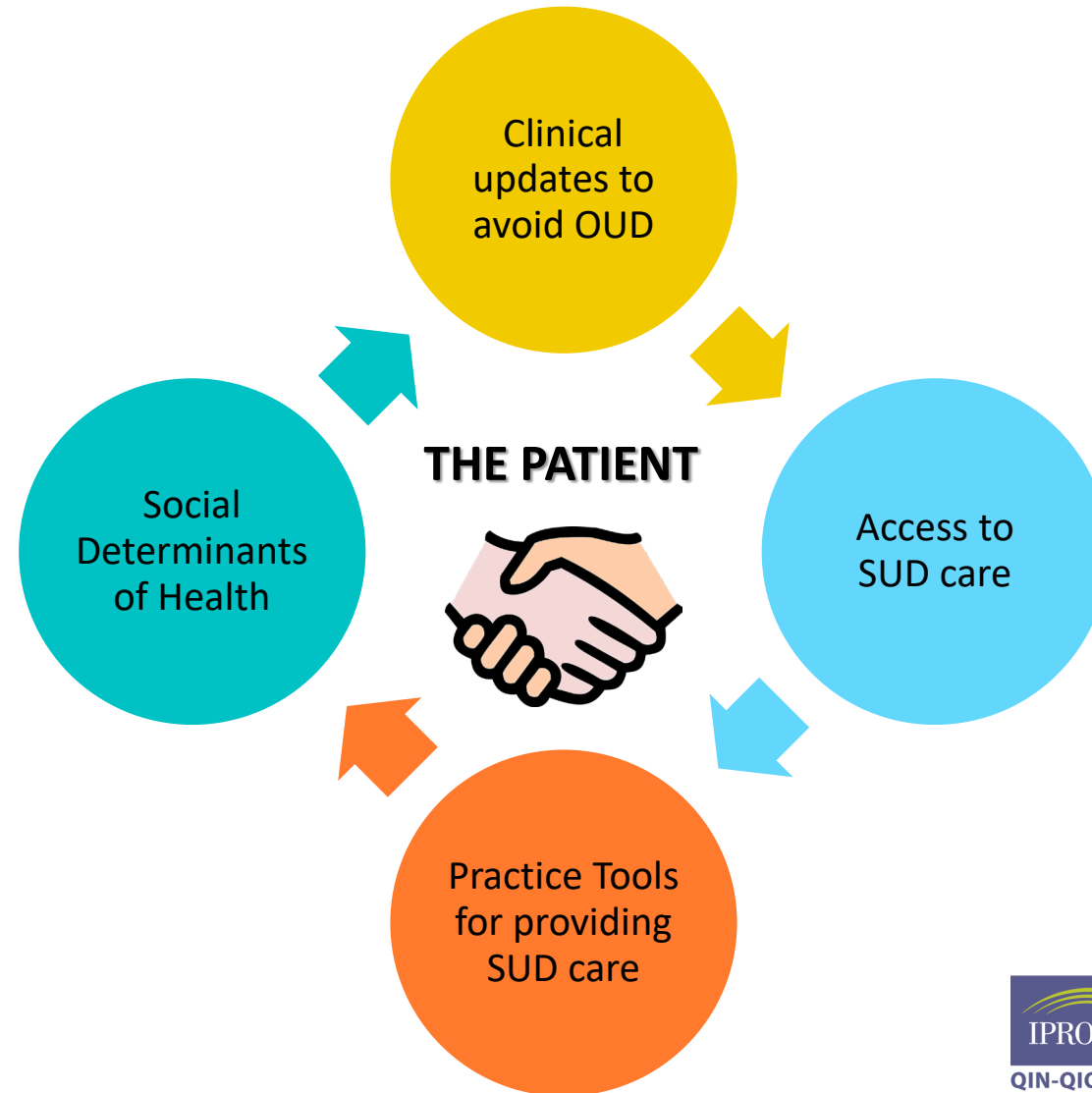
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Learning Objectives

Upon completion of this session, participants will be able to:

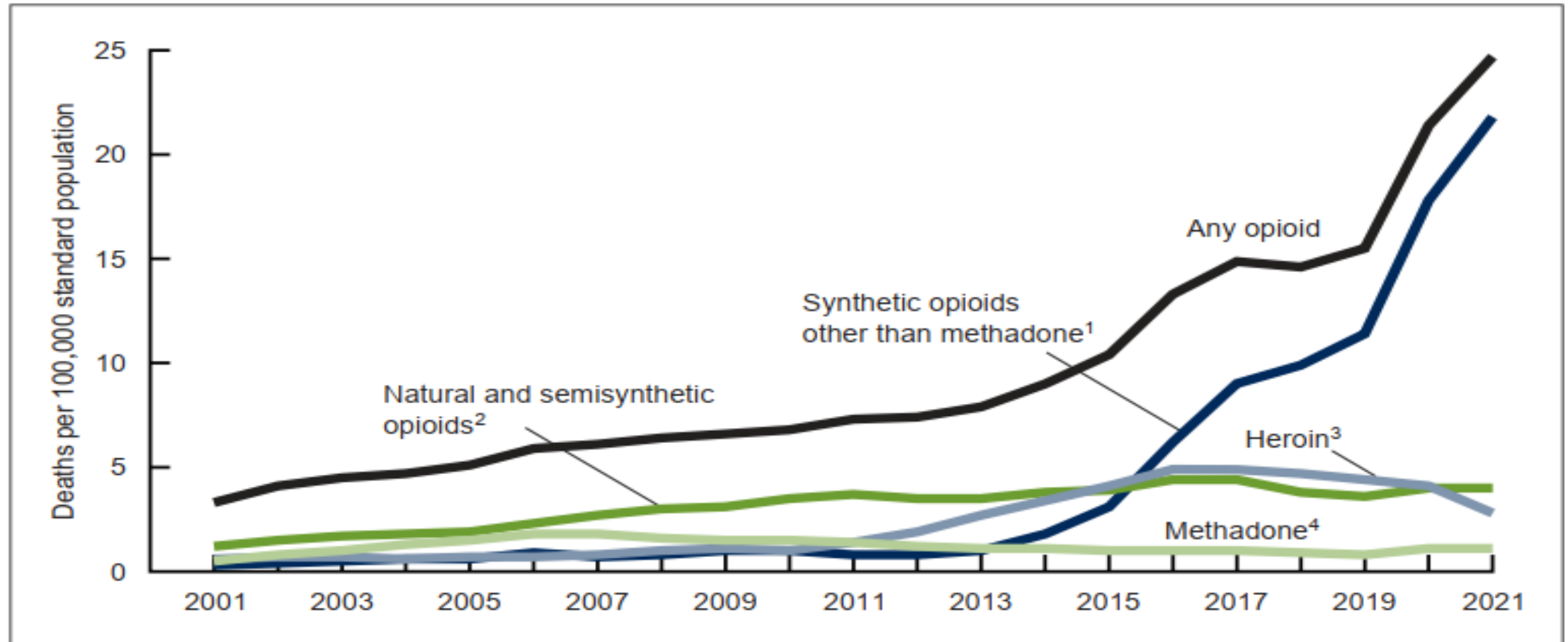
1. Highlight updates to the CDC's Clinical Practice Guideline for Prescribing Opioids for Pain,
2. Review how the MAT Act and other regulations will improve access to care,
3. Learn to use the “Reimbursement & Resources for Screening & Supporting Patients with Substance Use Disorder” Guide, and
4. Understand the intersection of social determinants of health and substance use disorder.

Outline



Drug-Involved Overdose Deaths

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2001–2021



¹Significant increasing trend from 2001 through 2021 with different rates of change over time, $p < 0.05$.

²Significant increasing trend from 2001 through 2010, then stable trend from 2010 through 2021, $p < 0.05$.

³Significant increasing trend from 2001 through 2015 with different rates of change over time, stable trend from 2015 through 2019, then significant decreasing trend from 2019 through 2021, $p < 0.05$.

⁴Significant increasing trend from 2001 through 2006 with different rates of change over time, significant decreasing trend from 2006 through 2019, then stable trend from 2019 through 2021, $p < 0.05$.

NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision (ICD-10)* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Among these deaths, the following ICD-10 multiple cause-of-death codes indicate the drug type(s) involved: T40.0–T40.4, T40.6, any opioid; T40.1, heroin; T40.2, natural and semisynthetic opioids; T40.3, methadone; and T40.4, synthetic opioids other than methadone. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Deaths involving more than one opioid category (a death involving both methadone and a natural or semisynthetic opioid, for example) were counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75% to 79% from 2000 through 2013 and increasing from 81% in 2014 to 95% in 2021. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db457-tables.pdf#4>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality File.



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CDC Clinical Practice Guideline for Prescribing Opioids for Pain 2022 – Highlights

Acute Pain

- Sudden pain lasting < 1 month

Subacute
Pain

- Pain lasting 1 – 3 months

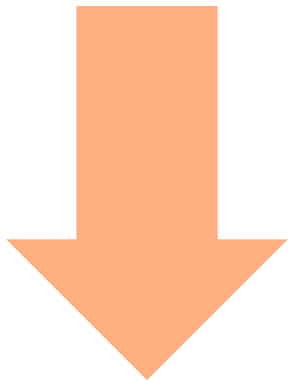
Chronic
Pain

- Underlying condition, injury, etc. lasting > 3 months

CDC Clinical Practice Guideline for Prescribing Opioids for Pain 2022 – Highlights



Adequate Pain Relief



Risk of misuse, overdose, and drug diversion

- Emphasis on utilizing non-opioid medications and non-drug treatments for pain.
- Opioids should be saved for last line use.
- When opioids are needed, individualize the medication and dose for the patient with the lowest dose possible for the shortest duration of time.

CDC Clinical Practice Guideline for Prescribing Opioids for Pain 2022 – Highlights

Removal of acute pain opioid prescription cutoffs:

Removal of acute opioid prescriptions for 3 – 7 days

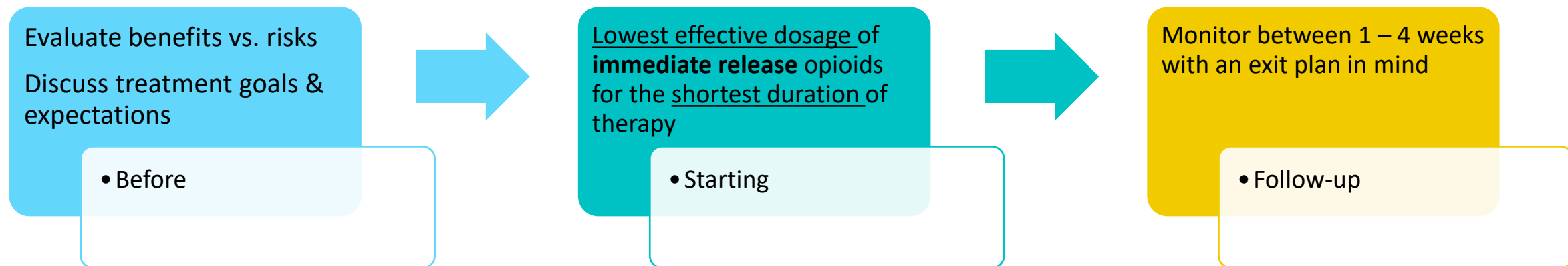
Removal of max opioid dose of 90 morphine milligram equivalents (MME)/ day

New recommendation:

“When opioids are needed for acute pain, clinicians should prescribe **no greater quantity than needed for the expected duration of pain** severe enough to require opioid.”

CDC Clinical Practice Guideline for Prescribing Opioids for Pain 2022 – Highlights

Initiating Opioids



CDC Clinical Practice Guideline for Prescribing Opioids for Pain 2022 – Highlights

- Encourage opioid tapering
 - Avoid rapid tapers or sudden opioid discontinuation
 - Monitor withdrawal symptoms
- Check Prescription Drug Monitoring Programs
- Offer naloxone with each opioid prescription

Legislation Moving to Break Through Barriers

Mainstreaming Addiction Treatment Act (MAT Act)

- Removes federal barriers to accessing medications for opioid use disorder (OUD)
 - All providers with controlled substance license will be able to prescribe buprenorphine for OUD.
- Reduces stigma
 - Integrates substance use disorder (SUD) treatment into primary care and behavioral health care practices, emergency departments, hospitals, and the health care system as a whole.
- Increases access to lifesaving treatment that prevents overdoses and supports recovery.

Barriers to Care

Heat map of barriers to buprenorphine and naltrexone identified by patients, providers, and administrators/systems.

	Patient-identified	Provider-identified	Administrator-identified or systems-level
Stigma	Social stigma Self-stigma Buprenorphine stigma	Social stigma Stigma of patients with OUD Buprenorphine stigma	
Treatment experiences and beliefs	Willpower more important than treatment Treated poorly by treatment center staff Rigid treatment structure	Lack of patient need/demand for buprenorphine Lack of interest/motivation in prescribing	Perception of anti-pharmacotherapy attitudes among providers
Knowledge gaps	Lack of education on OUD treatment Uncertainty about where to obtain care	Lack of training on OUD Lack of confidence in treating OUD Perception that OUD medication not effective	Lack of provider awareness of buprenorphine
Logistics	High out-of-pocket costs Long wait times "First-fail" policies	Time constraints Low insurance reimbursement Inability to refer to psychosocial supports Diversion concerns Lack of institutional support	Prior authorization Costs Requirement for concurrent counseling or stepped treatment

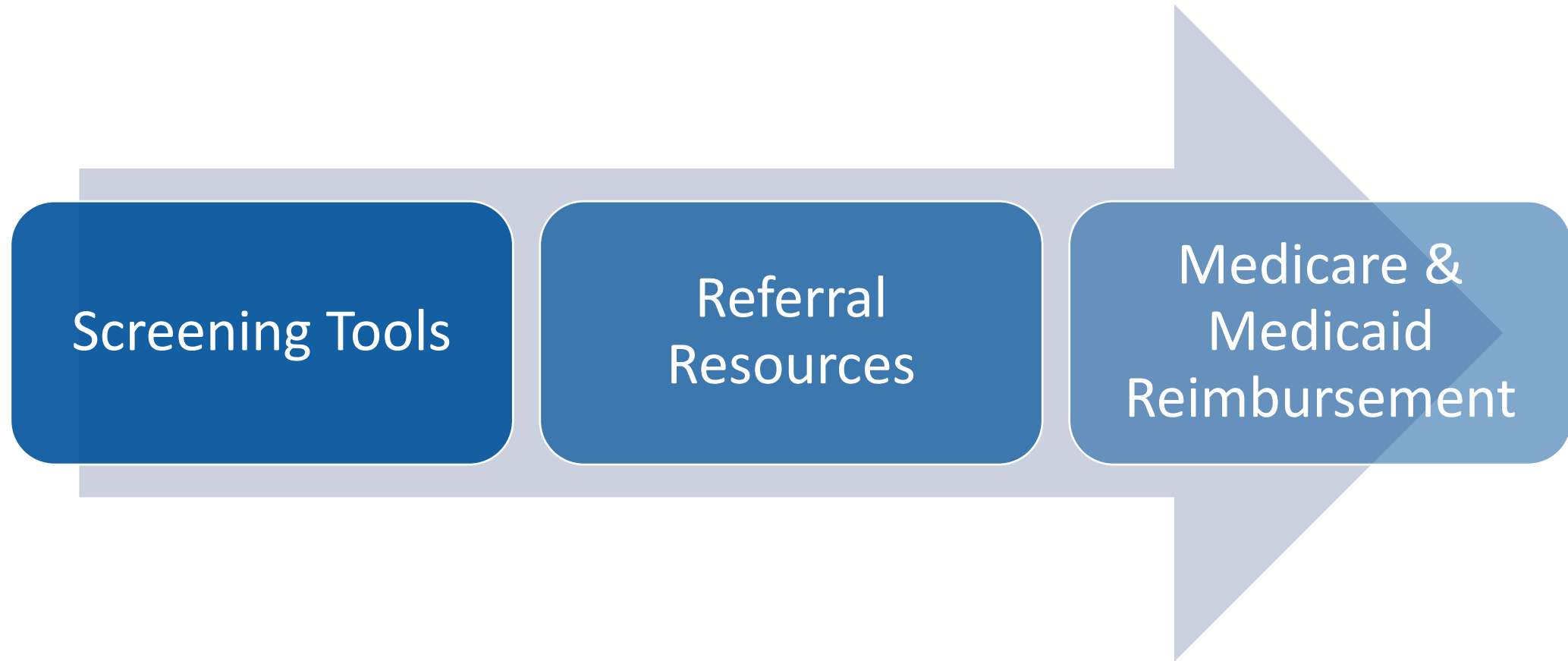
1-3 studies
 4-6 studies
 7-9 studies
 10+ studies

Legislation Moving to Break Through Barriers

Goal is to support long-term recovery of substance use disorder

	Before the MAT Act	MAT Act
X-Waiver Registration through the DEA required	Yes	Removed X
X-Waiver Training Requirements	Yes	Removed X
Limitations to buprenorphine prescribing for OUD	Yes	Removed X
Patient Limits	Yes	Removed X

Reimbursement & Resources for Substance Use Disorder



Reimbursement & Resources for Substance Use Disorder



Reimbursement and Resources for Screening and Supporting Patients with a Substance Use Disorder

1. SCREENING

Patient suspected at risk of substance use disorder or alcohol use disorder

Click on the clipboards below to access examples of common screening tools or check your electronic health record for equivalent embedded tools.

DAST-10
Drug Abuse Screening Test

Self-report Instrument for population screening
For use with adults and older youth

SBIRT
Screening, Brief Intervention, and Referral to Treatment

Screening quickly assess
Brief Intervention for insight/awareness
Referral to treatment

TAPS
Tobacco, Alcohol, Prescription Medication, and other Substance Use Tool

Screening (TAPS-1)
Brief assessment (TAPS-2)

ORT-OD
Opioid Risk Tool - Opioid Use Disorder

For use during an initial visit

Reimbursement & Resources for Substance Use Disorder

2. REFERRAL

FindTreatment.gov

<https://www.findtreatment.gov>

Find a treatment facility near you.

National Helpline

<https://www.samhsa.gov/find-help/national-helpline>

Treatment referral and information, 24/7

Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org>

Free and confidential support for people in distress.

Buprenorphine Practitioner Locator

<https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator>

Practitioners authorized to treat opioid dependency



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Reimbursement & Resources for Substance Use Disorder

3. MEDICARE AND MEDICAID REIMBURSEMENT

Medicare Reimbursement		Medicaid Reimbursement <i>Check with your state Medicaid agency about which billing codes to use.</i>		Bundled Payments for Substance Use Disorders Under PFS	
HCPCS Code	Description	HCPCS Code	Description	HCPCS Code	Description
G1028	Take-home supply of nasal Naloxone; 2-pack of 8mg per 0.1 mL nasal spray	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and brief intervention, 15 to 30 minutes	G2086	Office-based treatment for a substance use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
G2215	Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 mL nasal spray	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and intervention greater than 30 minutes	G2087	Office-based treatment for a substance use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and brief intervention, 5-14 minutes	G0442	Annual alcohol misuse screening, 15 minutes	G2088	Office-based treatment for a substance use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes. (List separately in addition to code for primary procedure).
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and brief intervention, 15 to 30 minutes	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes		
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST-10), and intervention greater than 30 minutes	G0444	Annual depression screening, 15 minutes		
		H0049	Alcohol/and/or drug screening		
		H0050	Alcohol and/or drug services, brief intervention, per 15 minutes		

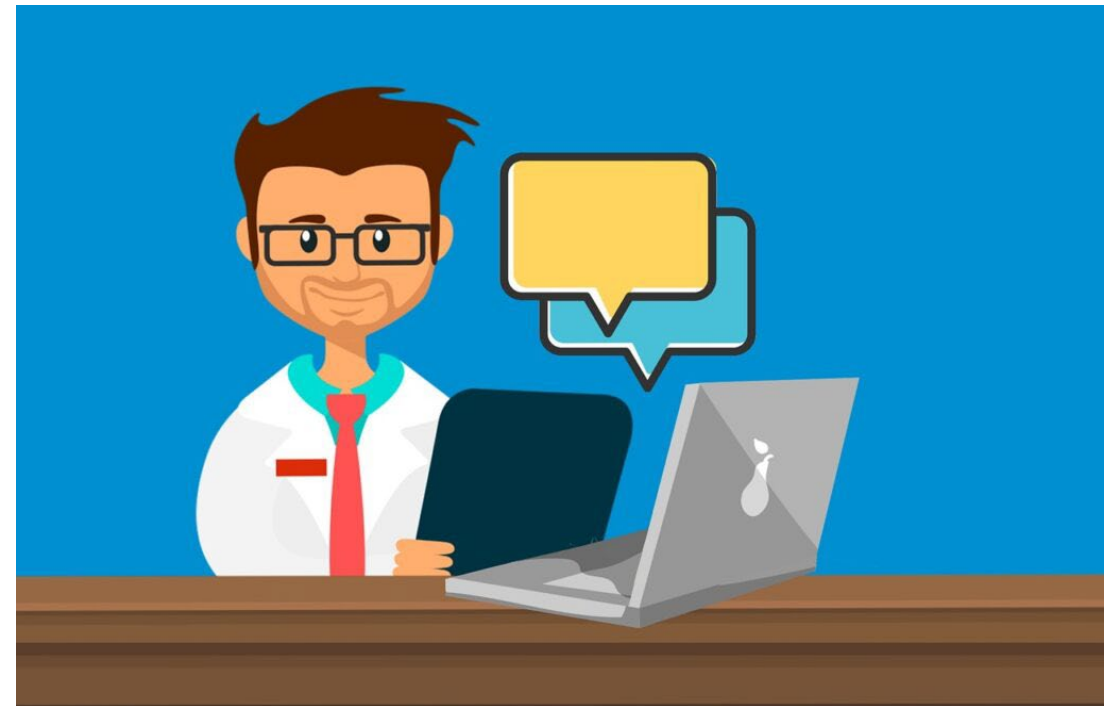


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Reimbursement & Resources for Substance Use Disorder

Increased Use of Telehealth for Opioid Use Disorder Services During the COVID-19 Pandemic Associated with Reduced Risk of Overdose



[JAMA Psychiatry. 2022;79\(10\):981-992.](#)



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Social Determinants of Health Resource Guide- A Guide for Getting Started

National Resources

Community Search		
The Social Care Network	https://www.findhelp.org/	Find free or reduced cost programs/services for all ages to help with food assistance, paying bills, locate social service agencies, etc.
Eldercare Locator	https://eldercare.acl.gov/Public/Index.aspx	Use this site to find local Area Agencies on Aging and Aging and Disability Resource Centers that provide home delivered meals, local transportation options, case management services and more.

<https://qi-library.ipro.org/2023/01/31/social-determinants-of-health-sdoh-a-guide-for-getting-started-for-getting-started/>



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Social Determinants of Health Resource Guide - A Guide for Getting Started

Other National Resource Categories:

Financial Assistance
Unemployment Assistance
Transportation
Utilities
Safety in the Home

Health Insurance Coverage
Food Access
Homelessness/Housing
Mental Health
Family Caregiver Support



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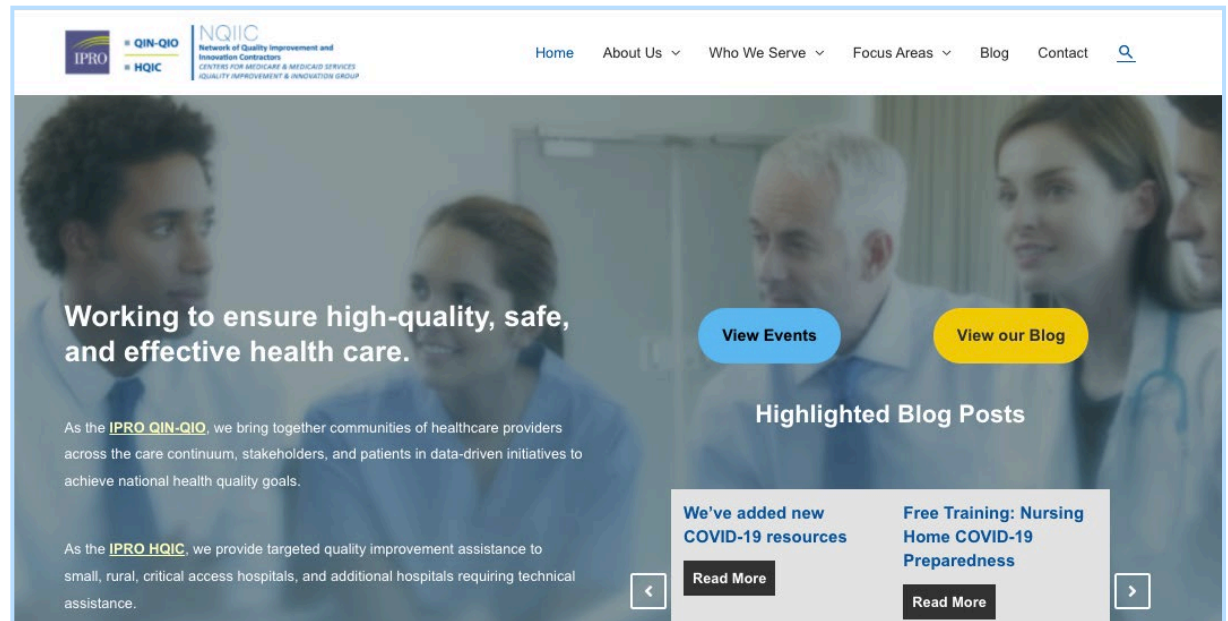
IPRO Substance Use Disorder Resources

- [Reimbursement & Resources for Screening & Supporting Patients with Substance Use Disorder](#)
- [Social Determinants of Health \(SDoH\) – A Guide for Getting Started](#)
- [Naloxone Saves Lives: Information for patients, their families/care partners and pharmacists](#)
- [Nursing Home Naloxone Policy and Procedure Toolkit](#)

Learn More & Stay Connected



<https://qi.ipro.org/>



Working to ensure high-quality, safe, and effective health care.

As the **IPRO QIN-QIO**, we bring together communities of healthcare providers across the care continuum, stakeholders, and patients in data-driven initiatives to achieve national health quality goals.

As the **IPRO HQIC**, we provide targeted quality improvement assistance to small, rural, critical access hospitals, and additional hospitals requiring technical assistance.

View Events **View our Blog**

Highlighted Blog Posts

We've added new COVID-19 resources **Free Training: Nursing Home COVID-19 Preparedness**

Read More **Read More**

Thank You!



Let us know how the IPRO QIN-QIO can best support your efforts...

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