



The HTP SW-BH3 Measure – Using Alternatives to Opioids (ALTO) in hospital ED – ED ALTO Session 1

May 27, 2021

Series Objectives

- Understand Changes to the HTP SW-BH1 (ED ALTO) Measure
- Begin to apply the measure changes to your HTP Implementation Plan for SW-BH1 in Session 1
- Complete the HTP Implementation Plan for SW-BH in Sessions 1 – 3
- Decide to participate in a learning collaborative for SW-BH post session 3

Session Objectives

- Participants grasp full understanding of the HTP SW-BH1 (ED ALTO) Measure
- Participants should ask any clarifying questions about the HTP SW-BH1 (ED ALTO) Measure in order to have full understanding of the measure specifications
- Distinguish the difference in what it means to partner with CHA for:
 - HTP SW-BH1 (ED ALTO) Measure **DATA**
 - **ECHO series** on HTP SW-BH1 (ED ALTO) Measure
 - HTP SW-BH1 (ED ALTO) Measure **Learning Collaborative** (timeline TBD)

HTP ED ALTO Measure in Detail

SW-BH3 - Using Alternatives to Opioids (ALTO) in Hospital Emergency Departments (ED): 1) Decrease use of Opioids 2) Increase use of ALTO

Definition: This is a two-part measure: decrease use of opioids = 60%, increase use of ALTO = 40%

1. **Decrease use of Opioids** - Total morphine milligram equivalent (MME) of medications administered listed in *Opioids of Interest* per 1,000 Emergency Department (ED) visits for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria below.
2. **Increase use of ALTO** - Total number of ALTO medications administered listed in *ALTO of Interest* per 1,000 Emergency Department (ED) visits for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria below.

HTP ED ALTO Measure in Detail

- **Data Source:** Hospital self-report
- **Data Collection Methodology:**
 - Numerator: Electronic Health Record (EHR), Medication Administration Record (MAR)
 - Denominator: Electronic Health Record (EHR), billing systems or other tracking systems
- **Part 1 – Decrease use of opioids**
 - Numerator: Total MME of medications administered listed in **Opioids of Interest** among cases meeting the inclusion and exclusion criteria below.
 - Denominator: **Total number of ED visits for diagnoses meeting the inclusion and exclusion criteria below.**
- **Part 2 – Increase use of ALTO**
 - Numerator: Total number of ALTO medications administered listed in **ALTO of Interest** among cases meeting the inclusion and exclusion criteria below.
 - For example, if a patient was given two ALTOs with the same medication name both administrations would count in the Numerator of this metric.
 - Denominator: **Total number of ED visits for diagnoses meeting the inclusion and exclusion criteria below.**

HTP ED ALTO Measure – *Opioids of Interest*

Opioids of Interest (all routes):

- Every medication has an approved name, which is a generic name. If a generic medication is made by several different pharmaceutical companies, it is given a brand or trade name. If your hospital policy does not require generic names be used throughout the facility, unless a brand name is required (e.g., those where the bioavailability may be different, such as Lithium), ensure these are captured but not counted twice.

- Carfentanil
- Codeine
- Codeine-Acetaminophen
- Codeine Poli-Chlorphenir Poli
- Fentanyl
- Fentanyl Citrate
- Hydrocodone bitartrate
- Hydrocodone-Acetaminophen
- Hydrocodone-Clorpheniramine
- Hydrocodone-Cpm-Pseudoephed
- Hydrocodone-Homatropine
- Hydromorphone
- Hyrdocodone-Ibuprofen
- Meperidine
- Morphine
- Morphine Sulfate
- Oxycodone
- Oxycodone-Acetaminophen

- Oxycodone-Hydrochloride
- Oxymorphone-Hydrochloride
- Pseudoephedrine-Hydrocodone
- Tramadol

Drugs of Interest:

- Codeine
- Fentanyl
- Hydrocodone
- Hydromorphone
- Meperidine
- Morphine
- Oxycodone
- Oxymorphone
- Tramadol

HTP ED ALTO Measure – *ALTO of Interest*

ALTO of Interest (all routes):

- Every medication has an approved name, which is a generic name. If a generic medication is made by several different pharmaceutical companies, it is given a brand or trade name. If your hospital policy does not require generic names be used throughout the facility, unless a brand name is required (e.g., those where the bioavailability may be different, such as Lithium), ensure these are captured but not counted twice.

- Aspirin
- Acetaminophen
- Amitriptyline
- Baclofen
- Camphor
- Capsaicin
- Celecoxib
- Cyclobenzaprine
- Desmopressin
- Diclofenac
- Dicyclomine
- Duloxetine
- Excedrin
- Famotidine

- Gabapentin
- Haloperidol
- Ibuprofen
- Indomethacin
- Ketamine
- Ketorolac
- Lidocaine
- Meloxicam
- Menthol
- Methocarbamol
- Methyl salicylate
- Metoclopramide
- Naproxen

- Nortriptyline
- Ondansetron
- Pregabalin
- Prochlorperazine
- Simethicone
- Sucralfate
- Tamsulosin
- Tizanidine
- Venlafaxine

Drugs of Interest:

- Acetaminophen
- Ibuprofen
- Lidocaine
- Haloperidol
- Ketamine
- Ketorolac
- Dicyclomine

HTP ED ALTO Measure in Detail

- **Inclusions**

- Patients 18 years of age and older
- Any ED visit where the patient was treated at some point in the ED, including patients admitted to inpatient, kept in observation, or discharged
- The primary or secondary ICD-10-CM diagnosis codes listed in the appendix

- **Exclusions**

- The primary or secondary ICD-10-CM diagnosis codes listed in the appendix
- Additional Exclusions: cases with age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), or principal diagnosis (DX1=missing)

- **Target Population Notes:** Adult all payor patients 18 years of age and older

- **Risk Adjustment:** Not applicable

- **Timing and Time Intervals:** Annual

- **Calculation Algorithms:** Rate

HTP ED ALTO Measure – Data Elements, Code List, Value Sets

ICD-10-CM Diagnosis Code Ranges for the following Conditions	Pain Pathway
Migraines and Headaches	Migraines and headaches
Abdominal Pain	Low back pain
Back Pain	Kidney Stones
Chest Pain	Arm/Leg Fractures & Dislocations
Dental Pain	Unspecified Abdominal Pain
Extremity Pain	
Fracture Injuries	
Non-Fracture Injuries	
Urolithiasis	

HTP ED ALTO Measure – Data Elements, Code List, Value Sets

Data Elements, Code Systems, Code Lists, Value Sets: See Table 1

- For hospitals partnering with CHA to submit data, see CHA Data Manual for SW-BH3

ICD-10-CM primary and secondary diagnosis code ranges		
Condition	Include	Exclude
Migraines and Headaches	Headache (R51), Migraine (G44), Other Headache Syndromes (G43), Benign Intracranial Hypertension (G93.2), Post Concussional Syndrome (F07.81)	Malignant neoplasms of eye, brain and other parts of central nervous system (C69-72), Benign neoplasm of eye and adnexa, meninges, brain and other parts of central nervous system (D31-33), Transient cerebral ischemic attacks and related syndromes and Vascular syndromes of brain in cerebrovascular diseases (G45-46), Cerebrovascular diseases (I60-I69), Intracranial injury, Crushing injury of head, Avulsion and traumatic amputation of part of head, Other and unspecified injuries of head (S06-09)
Abdominal Pain	Abdominal and pelvic pain (R10), Abdominal rigidity (R19.3)	Malignant neoplasms of digestive organs (C15-26), Malignant neoplasm of retroperitoneum and peritoneum (C48), Carcinoma in situ of oral cavity, esophagus and stomach, other unspecified digestive organs (D00-01), Neoplasm of uncertain behavior of oral cavity and digestive organs (D37), Noninfective enteritis and colitis (K50-52)

HTP ED ALTO Measure – Data Elements, Code List, Value Sets

Back Pain	Other inflammatory spondylopathies(M46), Other spondylopathies (M48), Cervical disc disorders (M50), Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders (M51), Dorsalgia (M54), Biomechanical lesions, not elsewhere classified (M99), Muscle spasm of back (M62.830), Age-related osteoporosis with current pathological fracture, vertebra(e) (M80.08), Other osteoporosis with current pathological fracture, vertebra(e) (M80.88)	Disorder of continuity of bone (M84), Malignant neoplasm of peripheral nerves and autonomic nervous system (C47)
Chest Pain	Chest pain on breathing (R07.1), Precordial pain (R07.2), Other chest pain (R07.8), Pleurisy (R09.1)	Malignant neoplasm of bronchus and lung (C34), Malignant neoplasm of thymus (C37), Malignant neoplasm of heart, mediastinum and pleura (C38), Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs (C39), Mesothelioma (C45), Kaposi's sarcoma (C46), Malignant neoplasm of breast (C50), Ischemic heart diseases (I20-25)
Dental Pain	Dentofacial anomalies [including malocclusion] and other disorders of jaw (M26-27), Jaw pain (R68.84), Necrotizing ulcerative stomatitis (A69.0), Herpes viral gingivostomatitis and pharyngotonsillitis (B00.2), Candidal stomatitis (B37.0), Candidal cheilitis (B37.83)	Codes beginning with C00-14, D00, Benign Neoplasm of mouth and pharynx (D10), Neoplasm of uncertain behavior of oral cavity and digestive organs (D37), Other disorders of teeth and supporting structures (K08), Benign neoplasm of lower jaw bone (D16.5)

HTP ED ALTO Measure – Data Elements, Code List, Value Sets

ICD-10-CM primary and secondary diagnosis code ranges		
Condition	Include	Exclude
Extremity Pain	Infectious arthropathies (M00-02), Inflammatory polyarthropathies (M05-14), Osteoarthritis (M15-19), Other joint disorders (M20-25), Disorders of muscles (M60-M63), Disorders of synovium and tendon (M65-67), Other soft tissue disorders (M70-79)	Malignant neoplasms of bone and articular cartilage (C40-41), Malignant neoplasm of other connective and soft tissue (C49)
Fracture Injuries	Codes beginning with Fracture of skull and facial bones (S02), Fracture of rib(s), sternum and thoracic spine (S22), Fracture of lumbar spine and pelvis(S32), Fracture of shoulder and upper arm (S42), Other and unspecified injuries of shoulder and upper arm (S49), Fracture of forearm (S52), Other and unspecified injuries of elbow and forearm (S59), Fracture at wrist and hand level (S62), Fracture of femur (S72), Other and unspecified injuries of hip and thigh (S79), Fracture of lower leg, including ankle (S82), Other and unspecified injuries of lower leg (S89), Fracture of foot and toe, except ankle (S92), Osteoporosis with and without current pathological fracture (M80-81)	

HTP ED ALTO Measure – Data Elements, Code List, Value Sets

Non-fracture Injuries	Dislocation and sprain of joints and ligaments of head (S03), Other and unspecified injuries of thorax (S29), Dislocation and sprain of joints and ligaments of lumbar spine and pelvis (S33), Other and unspecified injuries of abdomen, lower back, pelvis and external genitals (S39), Dislocation and sprain of joints and ligaments of shoulder girdle (S43), Injury of muscle, fascia and tendon at shoulder and upper arm level (S46), Dislocation and sprain of joints and ligaments of elbow (S53), Injury of muscle, fascia and tendon at forearm level (S56), Dislocation and sprain of joints and ligaments at wrist and hand level (S63), Other and unspecified injuries of wrist, hand and finger(s) (S69), Injury of muscle, fascia and tendon at hip and thigh level (S76), Dislocation and sprain of joints and ligaments of knee (S83), Injury of muscle, fascia and tendon at lower leg level (S86), Dislocation and sprain of joints and ligaments at ankle, foot and toe level (S93), Injury of muscle and tendon at ankle and foot level (S96); Temporomandibular joint disorder (M26.601-659)	Malignant neoplasms of bone and articular cartilage (C40-41), Malignant neoplasm of other connective and soft tissue (C49)
Urolithiasis (stone in the kidney, bladder, or urinary tract)	Urolithiasis (N20-N23), Hydronephrosis with renal and ureteral calculous obstruction (N13.2)	Malignant neoplasms of urinary tract (C64-68), Secondary malignant neoplasm of other and unspecified sites (C79), D09, D17, Benign neoplasm of urinary organs (D30), Neoplasm of uncertain behavior of urinary organs (D41), Neoplasms of unspecified behavior (D49)

Session Objectives – Questions?

- Participants grasp full understanding of the HTP SW-BH1 (ED ALTO) Measure
- Participants should ask any clarifying questions about the HTP SW-BH3 (ED ALTO) Measure in order to have full understanding of the measure specifications

Session Objectives – Questions?

- *Distinguish the difference in what it means to partner with CHA for:*

- HTP SW-BH3 (ED ALTO) Measure **DATA**



Hospital will submit data to CHA for Collection, Processing/Conversion, Validation, Storage, Submission to HCPF – see slide X

- **ECHO series** on HTP SW-BH3 (ED ALTO) Measure



Session 1: Understanding the changes to SW-BH3 (ED ALTO) Measure and Beginning the HTP Implementation Plan

Session 2 and 3: Completing the HTP Implementation Plan for SW-BH3 (ED ALTO)

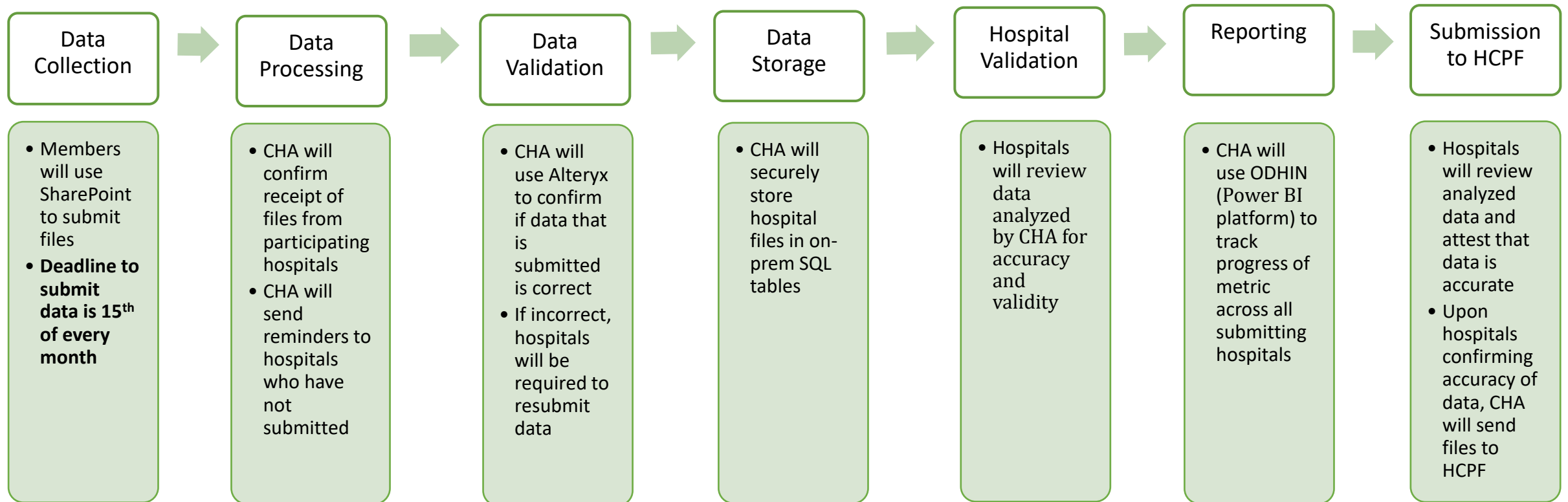
- **Intervention**
- **Planning & Implementation**
- **Continuous Learning Milestone**

- HTP SW-BH3 (ED ALTO) Measure **Learning Collaborative** (timeline TBD)



Developing Processes – Utilizing Technology – Best Practices – Engagement – Successes & Lessons Learned – Practical Group Think for Opioid Stewardship Intervention and this specific measure

Data Collection Process



HTP Application - Submitted

1. Name of Intervention: Opioid Stewardship
2. Measure Selection: SW-BH3 (ED ALTO)
3. Describe the Intervention and Rationale for this selection: (Including intervention description, target population and how it advances goals of HTP).
4. How the intervention and any selected local quality measures to be addressed by the intervention align with community needs identified throughout the CHNE process, including data identified in the hospital's CHNE midpoint and final reports, and including but not limited:
5. Evidence Base Documentation
6. Does the focus of the proposed intervention intersect with ongoing initiatives statewide (including but not limited to those in the ACC, State Innovation Model and Comprehensive Primary Care Plus)?
 - a) Answer YES or NO
 - b) If yes, SELECT FROM LIST (identify applicable statewide initiatives)

<input type="checkbox"/> Behavioral Health Task Force	<input type="checkbox"/> Rural Support Fund
<input type="checkbox"/> Affordability Road Map	<input type="checkbox"/> SUD Waiver
<input type="checkbox"/> IT Road Map	<input type="checkbox"/> Health Care Workforce
<input type="checkbox"/> HQIP	<input type="checkbox"/> Jail Diversion
<input type="checkbox"/> ACC	<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> SIM Continuation	<input type="checkbox"/> Primary Care Payment Reform
<input type="checkbox"/> Rx Tool	<input type="checkbox"/> Other – Please Identify
 - c) Explain how the hospital will ensure the intervention aligns with the applicable ongoing initiatives.

HTP Application - Submitted

7. Explain any experience the hospital or any affiliated community partners have had with this type of intervention or target population and how that experience will support the success of the intervention.
8. Is this an Existing Intervention in use within the hospital?
 - a) Is this an existing intervention (YES/NO)
 - b) If yes, please explain how the following criterion for leveraging existing interventions is satisfied (the response may reference answers above)
 - The hospital must demonstrate that the use of the existing intervention is the best approach for meeting the needs of the community identified during the CHNE process.
 - The hospital must demonstrate that the project will be enhanced to meet HTP goals
9. Will the intervention be a joint effort with another organization (e.g., a RAE, local public health agency, mental health or community health center, another community organization or other external organization?)

a. YES/NO

Partner Organization Name	Type of Organization	Does the hospital have previous experience partnering with this organization? (Y/N)	Organization's role in intervention leadership and implementation (high level summary)

Please also submit documentation of the partnership with each listed organization.

HTP Application Submitted ➡ HTP Implementation Plan

- HTP Application – **WHAT** you are going to do
- HTP Implementation Plan – **HOW** you are going to do it

HTP *Implementation* Plan

- HTP Implementation Plan – HOW you are going to do it
- HOW depends on the proposed milestone being NEW or EXISTING

Submission of Proposed Milestones (New)*

Phase	Q	PY2 (Oct. 2022 - Sept. 2023)	PY3 (Oct. 2023 - Sept. 2024)	PY4 (Oct. 2024 - Sept. 2025)	PY5 (Oct. 2025 - Sept. 2026)
Planning and Implementation Phase Milestones	Q2 Jan - March	Impact Milestone: Y/N; Milestone Functional Area(s) and Description	Impact Milestone: Y/N; Milestone Functional Area(s) and Description	N/A	N/A
	Q4 July - Sept	Impact Milestone: Y/N; Milestone Functional Area(s) and Description	Impact Milestone: Y/N; Milestone Functional Areas and Description	N/A	N/A
Continuous Improvement Phase Milestones	Q2 Jan - March	N/A	N/A	Milestone Description	Milestone Description
	Q4 July - Sept	N/A	N/A	Milestone Description	Milestone Description

**Impact Milestones for New interventions must be completed by the end of PY3 (Sept. 2024) and must address all Functional Areas. Continuous Improvement Phase Milestones must begin no later than PY4Q2 (Jan. - Mar. 2025).*

Submission of Proposed Milestones (Existing)*

Phase	Q	PY2 (Oct. 2022 - Sept. 2023)	PY3 (Oct. 2023 - Sept. 2024)	PY4 (Oct. 2024 - Sept. 2025)	PY5 (Oct. 2025 - Sept. 2026)
Planning and Implementation Phase Milestones	Q2 Jan - March	Impact Milestone: Y/N; Milestone Functional Area(s) and Descriptions	Impact Milestone: Y/N; Milestone Functional Areas and Descriptions	N/A	N/A
	Q4 July - Sept	Impact Milestone: Y/N; Milestone Functional Area(s) and Descriptions	N/A	N/A	N/A
Continuous Improvement Phase Milestones	Q2 Jan - March	N/A	N/A	Milestone Description	Milestone Description
	Q4 July - Sept	N/A	Milestone Description	Milestone Description	Milestone Description

** Impact Milestones for existing interventions must occur prior to PY3Q4 (Jul. - Sept. 2024). Continuous Improvement milestones must begin prior to PY4 (Oct. 2024 - Sept. 2025).*

HTP *Implementation* Plan – Next Steps for Hospitals

- If you plan to join the next ECHO Session – Preparation Required
 - REVIEW and Be Familiar with your measure selection (SW-BH3) and what is in your HTP Application
 - CHA will provide a roadmap, including an EXAMPLE of each milestone, in which phase, impacting what “functional areas”

Resources and How to Use Them

- Step 1: Data Metric Review
 - Work with data/IT to thoroughly review the metric
 - Ensure everyone on the team knows what is being measured and what the goal is

SECTION 1: Scope of Measure

Purpose

SW-BH3 – Using Alternatives to Opioids (ALTO) in Hospital Emergency Departments (ED): 1) Decrease use of Opioids 2) Increase use of ALTO

Definition

This is a two part measure each worth 50 percent.

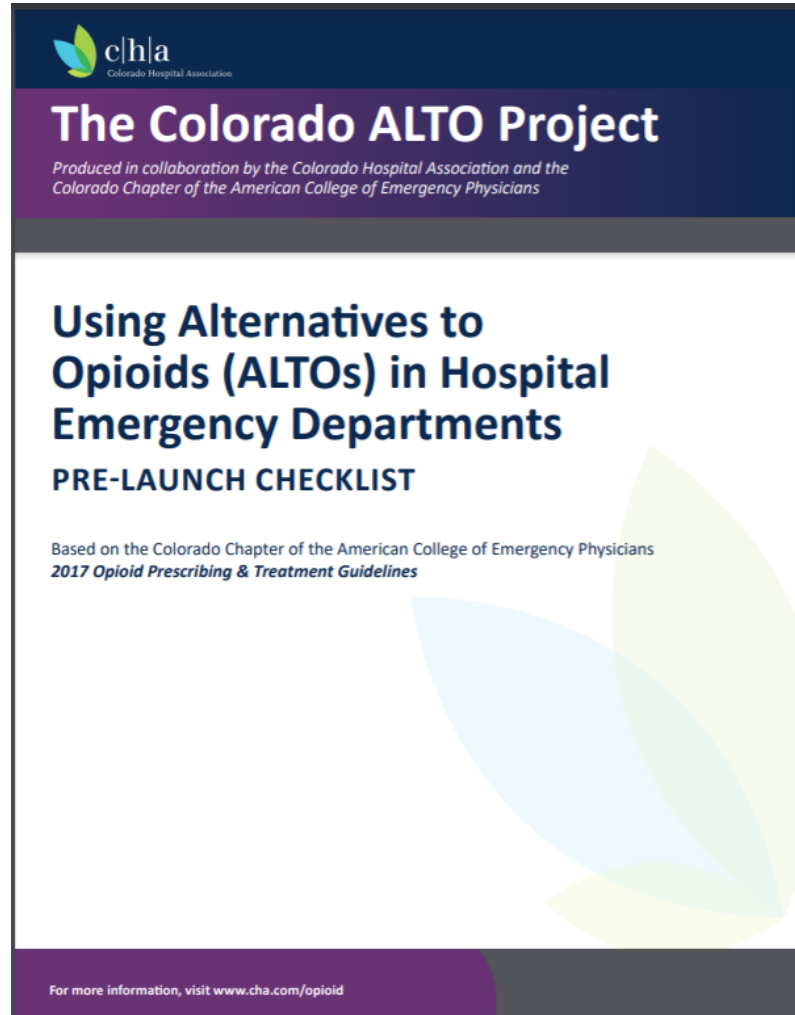
1. Decrease use of Opioids – Total oral morphine milligram equivalent (MME) of medications administered listed in *Opioids of Interest* per 1,000 Emergency Department (ED) visits for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria below.
2. Increase use of ALTO – Total number of ALTO medications administered listed in *ALTO of Interest* per 1,000 Emergency Department (ED) visits for patients ages 18 years and older, among cases meeting the inclusion and exclusion criteria below.

The population of interest

1. Adult patients 18 years of age and older
2. Any ED visit during which the patient received care, including patients admitted to inpatient or to observation, or discharged home, for the following conditions: abdominal pain, back pain, chest pain, dental pain, extremity pain, fracture injuries, non-fracture injuries and urolithiasis. Patients should be excluded if their condition is related to cancer or sickle cell anemia, or if they received hospice or intensive care.
3. Primary or secondary ICD-10-CM diagnosis codes listed in Table 1. Colorado Hospital Association will use our discharge database to filter to the conditions of interest below so participating hospitals will not have to do this before sending their data.

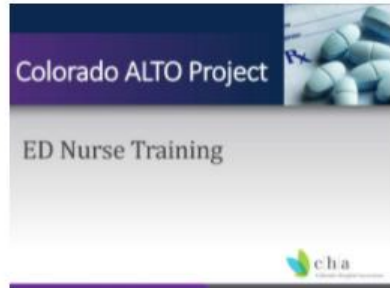
Resources and How to Use Them

- [Step 2: CHA.com](#)
 - Starting place for ED ALTO
 - [Prelaunch checklist](#)
 - [QI Toolkit](#)

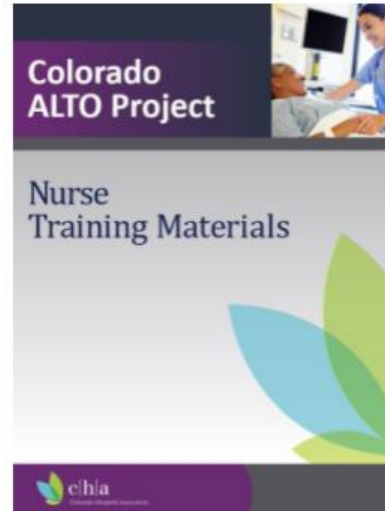


Resources and How to Use Them

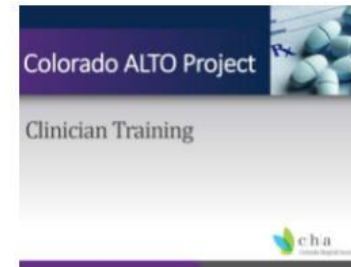
- Step 3: Training
 - [Nurse training materials](#)
 - [Clinician training materials](#) and procedural videos
 - [Pharmacy and IT training materials](#)



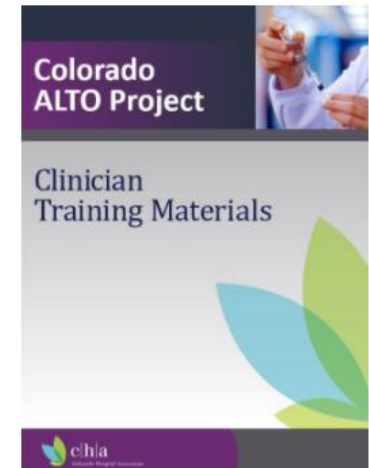
Nursing Training
Presentation



Nursing Toolkit



Clinician Training
Presentation



Clinician Toolkit

Thank you

- CHA will hold additional sessions on the HTP SW-BH3 (ED ALTO) Implementation Plan:
 - June 10, 1-2:00 PM MST
 - June 24, 1-2:00 PM MST
- For any questions that were not answered during this session, contact Sylvia Park at Sylvia.Park@cha.com or Ali Rosenberg at Ali.Rosenberg@cha.com