New ED ALTO Measure Specifications

Jan. 9, 2023

c|h|a
Colorado Hospital Association

Background

- SW-BH3
  - Using Alternatives to Opioids (ALTO) in Hospital Emergency Departments (ED) to 1) Decrease use of Opioids and 2) Increase use of ALTO
- Process that began 5+ years ago as collaboration between HCPF, CHA, and the Colorado Chapter of the American College of Emergency Physicians
- HCPF is the process and program owner, CHA is the measure steward
- CHA shared letters of concern with HCPF in April, June, and September 2022
- CHA also launched an ED ALTO workgroup
- HCPF and CHA met regularly throughout 2022 to address concerns

Issues Raised

- EHR integration
- Measure complexity and need for technical assistance
- MME conversions for intravenous medications
  - Data reliability challenges pertaining to different conversion factors
- The opioid crisis has rapidly evolved in the last 5+ years
  - Opioid stewardship programs in hospitals have shown tremendous growth
- Benchmarking methodology, specifically for hospitals with large trauma volumes
- Payment methodology related to opioid stewardship
  - Previously 60% related to opioid reduction and 40% related to increasing ALTO
- Gold standard nationally is multimodal analgesia – were we projected to achieve this?

Measure Modification Goals

- Close collaboration between CHA, HCPF, and hospitals
- Evidence-based approaches
- Safe patient care
- Holistic and comprehensive approach to opioids and ALTOs
- Minimize interruption within HTP
- Utilize as much of existing HTP infrastructure as possible
- Respect progress already made by hospitals

What's Changing?

- Report the number of patients who received any qualifying opioid* during their ED encounter measured as a rate per 1,000 ED encounters (A "yes/no" measure)
- Report the number of patients who received any qualifying ALTO* during their ED encounter, measured as a rate per 1,000 ED encounters (A "yes/no" measure)
- No longer be required to report the number of administrations or data related to dosages for either opioids or ALTOs
- Since the measure will move towards a count, the MME conversion table will be retired and removed from the measure
- Payment related to performance will focus only on ALTOs
- Bupivacaine and ropivacaine have been added to the ALTO list

What's Staying the Same?

- Current benchmarking methodology
  - However, CHA and HCPF have a shared commitment to review the baseline data received in January 2023 regarding most reasonable benchmarking.
- Inclusion and exclusion criteria
- List of acceptable ALTOs (other than two previously mentioned)
- List of opioids of interest

Calculations

- **ALTO Count** = (Number of encounters where an ALTO was administered/total number of encounters included in the measure based on ICD 10 codes and Level of service) * 1000
  - Example: Hospital A saw 500 patients in the baseline year that met the inclusion and exclusion criteria. Of those 450 received an ALTO during their ED visit.
    - (450/500)=.9 * 1000 ED encounters = 900
- **Opioid Count** = (Number of encounters where an opioid was administered/total number of encounters included in the measure (based on ICD 10 codes and level of service) * 1000
  - Example: Hospital A saw 500 patients in the baseline year that met the inclusion and exclusion criteria. Of those 200 received an Opioid during their ED visit.
    - (200/500)=.4 * 1000 ED encounters = 400
- Denominator for both ALTO's and Opioid's are now the same
- The rate of ALTO and Opioid can NOT be greater than a 1000
- If a patient received both an ALTO and an opioid during their hospital encounter, you count each administration once; a total of two yeses for that visit

Office Hours

- 10 – 11 a.m. | Thursday, Jan. 12, 2023 | Register here
- 11 a.m. – noon | Friday, Jan. 13, 2023 |Register here
- 10 – 11 a.m. | Wednesday, Jan. 18, 2023 | Register here