Overview of Quality Improvement Initiatives at Comagine Health

Deepthi Rajeev, MS, MSc, PhD, Senior Director, Patient Safety
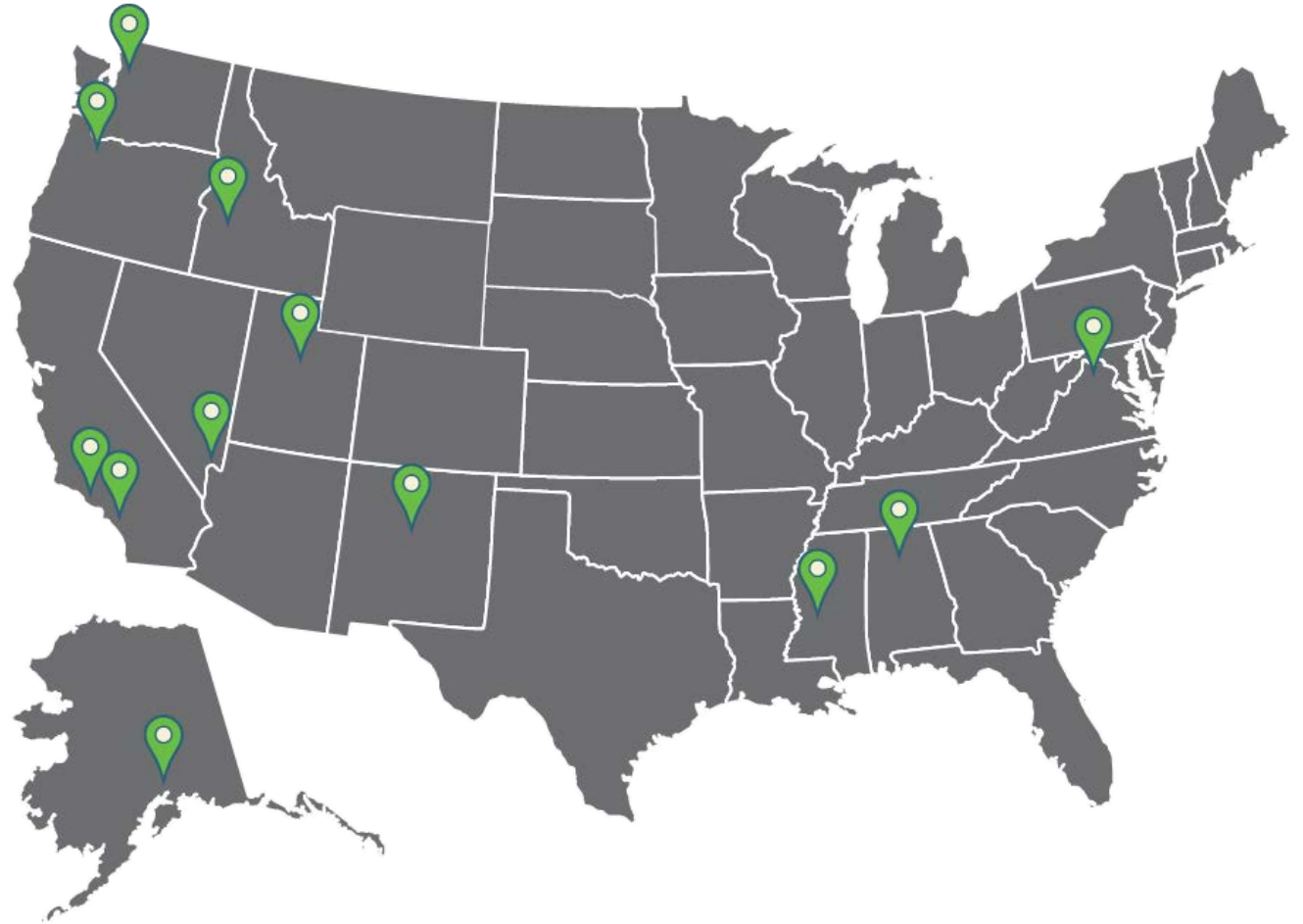
Sara Phillips, BSN, MBA, CPHQ, Senior Improvement Advisor

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Comagine Health: Background

Comagine Health is a national, nonprofit health care consulting firm

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system

Our Services

- Systemwide Quality Improvement
- Care Management
- Consulting and Research
- HIT and Analytics

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Our Clients

- Centers for Medicare & Medicaid Services
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- U.S. Bureau of Justice Assistance
- National Institute on Drug Abuse
- Pew Charitable Trusts
- Medicaid agencies throughout the U.S.
- State and county health departments

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Our Partners

We work collaboratively in our communities to address key, complex health and health care delivery challenges.

Our partners include:

- Public health agencies

- Health care providers

- Payers, purchasers and policymakers

- Public/consumers

- Patients and families

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Systemwide Quality Improvement

Population health strategies to prevent and manage chronic disease and reduce unnecessary hospitalizations and readmissions

Addressing urgent public health issues like infection prevention and control to prevent spread of COVID-19 and the opioid crisis

Integration of behavioral health, oral health and other services to ensure providers across settings offer comprehensive care

Fostering connections between health care and community-based services to advance health equity and address disparities

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Quality Improvement Network-Quality Improvement Innovation Initiatives

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12th SOW- Task Order 1 QIN-QIOs

CMS Contracts

Contract	Who, What, Where
QIN QIO Quality Innovation Network-Quality Improvement Organization	Engage long-term and post acute care facilities and health care providers in Idaho, Nevada, New Mexico, Oregon, Utah, Washington in interventions to improve on the following for Medicare beneficiaries: • Decreased opioid misuse and improved behavioral health outcomes • Prevention and management of diabetes, heart disease and chronic kidney disease • Fewer readmissions and unnecessary hospitalizations and emergency department visits • Improved quality of long-term and post-acute care facilities
PATH Partnership to Advance Tribal Health	Work with Indian Health Service-operated hospitals in Arizona and New Mexico; partners serve hospitals in Arizona, Montana, Minnesota, New Mexico, North Dakota, South Dakota, Oklahoma. Partner with hospitals to achieve quality improvement goals related to patient safety, quality care transitions, improving behavioral health outcomes, responding to public health emergencies and patient, family and tribal engagement in quality improvement.

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Targeted Response Quality Improvement Initiatives

- QIN-QIOs activated in mid 2020 to receive direct referrals from CMS to support nursing homes to prevent spread of Covid-19

- Comagine Health provided customized technical assistance to over 200 nursing homes in our six-state region to:
  - Strengthen their infection prevention and control programs and practices
  - Assist with root cause analysis and the implementation of an appropriate quality improvement plan
  - Assist facilities with increasing vaccine confidence and staff resilience

Infection Prevention Initiatives

Utah Infection Prevention Collaborative

- Partnership with State Healthcare Associated Infection (HAI), Health Oversight Agencies and Trade Associations
  - Providing needed infection prevention education and consultation
- COVID-19 pandemic revealed vulnerabilities in various health and congregate care settings; new infection prevention requirements
- May to December 2020; Short-term contract, fast paced and rapid turnaround
- Assisted Living, Intermediate Care Facilities, Independent Living and Skilled Nursing; Home Health and other care settings and stakeholders

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What did the Collaborative Entail?

- Three live PPE "Train-the-Trainer" events

- Ten weekly virtual learning sessions; on-demand recordings and resources

- Four National Healthcare Safety Network (NHSN) "Office Hour" trainings

- One-to-one NHSN technical assistance and consultation

- Needs/Knowledge assessment and post-series implementation survey

- Educational videos for Independent Living owners and residents

Outcomes

- 300 providers overall participated in the supports offered throughout the project
  - 81 providers and stakeholders SNF/LTPAC, Home Health and Hospice, Assisted Living and other Behavioral Health/Substance Use Treatment settings) participated in the PPE training
  - Approximately 97 identified facilities participated in at least one of the weekly webinar series and/or accessed materials online
  - Approximately 72 providers sought NHSN assistance through office hours training and individual technical assistance
- Provider feedback and implementation of new practices

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Lessons Learned and Recommendations

- Need for targeted ongoing infection prevention education
  - Advanced infection prevention education (e.g., Infection Prevention 201, 301 and 401) to maintain momentum

- Support and education surrounding employee health, resiliency and burnout, especially pandemic-related post-traumatic stress disorder.

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National Nursing Home COVID-19 Action Network

- Project ECHO/ECHO Institute and Institute for Healthcare Improvement funded by AHRQ
- Reach 15,000 nursing homes across the US (October 2020 to September 2021)
- Goals:
  - Prevent COVID-19 from entering nursing homes
  - Prevent greater spread if the virus is already in a facility
  - Share best-practice care and treatment for residents who test positive for COVID-19
  - Ensure residents who are dying from COVID-19 can safely receive visitors
  - Protect and support staff by ensuring best-practice safety measures so they build confidence in their work and feel safe from infection

ECHO Training Hub: Comagine Health

- Alabama and Florida—Alliant Health Solutions Partnership

- Idaho, Oregon, and Washington

- 340 nursing homes engaged over 16 weeks

- Used the ECHO model: guided mentorship to share complex ideas using an "all teach, all learn" environment

- Sharing best practices that can be used immediately

- Virtual sessions facilitated by multidisciplinary teams of subject matter and quality improvement experts

- Regularly updated standardized curriculum from IHI

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QI coaches for Other Training Hubs

- University of Utah Health

- University of Washington

- Stanford Medical Center

- University of Nevada, Las Vegas

- University of Nevada, Reno

- Indiana University

Levels of Care for Treating Overdose and Opioid Use Disorder in Emergency Departments

Overview and Goals

- Project implemented in partnership with Utah Department of Health Violence and Injury Prevention Program

- Designed to organize recommendations and resources for evidence-based practices for Opioid Use Disorder (OUD) management into levels for emergency departments (EDs)

Goals

- Improve OUD harm reduction outcomes by promoting evidence-based OUD management in secondary or tertiary care settings

Standards of Care Organized into 3 levels For Utah EDs

LEVEL 3

1. Follow discharge planning standards and organizational protocols
2. Administer standardized substance use disorder (SUD) screening on all patients
3. Educate all patients who are prescribed opioids on safe use, storage and disposal
4. Follow opioid prescribing laws and consider Utah and Centers for Disease Control and Prevention (CDC) guidelines and use of opioid alternatives
5. Dispense naloxone for patients who are at risk, according to a clear protocol
6. Offer peer support specialist services in the ED as available
7. Provide active referral to appropriate community providers
8. Comply with Utah requirements to report overdoses per Injury Reporting Rule R386-703
9. Perform laboratory drug screening that includes fentanyl on patients who overdose
10. Develop policies for clean needle exchange referral or program
11. Develop policies for use of the Controlled Substance Database according to all applicable laws and rules
12. Develop policies and procedures for buprenorphine initiation

LEVEL 2

Incorporates all Level 3 services and provides:

- Comprehensive assessment of SUD using a standardized tool
- Addiction specialists or contracted providers able to fully evaluate and treat OUD

LEVEL 1

Incorporates all Level 3 and Level 2 services, and in addition:

- Maintains a comprehensive program for management of OUD, including medication for opioid use disorder (MOUD)
- Assesses and administers medication for OUD programs
- Maintains capability to transition patients to/from inpatient and outpatient programs as necessary

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LEVEL 3

1. Follow discharge planning standards and organizational protocols.
2. Administer standardized SUD screening
3. Educate patients prescribed opioids on safe use, storage, and disposal.
4. Follow opioid prescribing guidelines (CDC and Utah)
5. Dispense or prescribe naloxone to patients at risk.
6. Offer peer support services as available.
7. Provide referrals to community providers.
8. Comply with Utah overdose reporting requirements.
9. Perform laboratory drug screening including fentanyl (overdose patients).
10. Develop policies for clean needle exchange.
11. Develop policies for use of the Controlled Substance Database.
12. Develop policies and procedures for buprenorphine initiation.

LEVEL 2

Incorporates all Level 3 services and provides:

- Comprehensive assessment of SUD using a standardized tool
- Addiction specialists or contracted providers able to fully evaluate and treat OUD

LEVEL 1

Incorporates all LEVEL 3 and 2 services, and in addition:

- Maintain a comprehensive program for management of OUD, including medications for opioid use disorder (MOUD).
- Assesses need for and administers medication for OUD programs.
- Maintain capability to transition patients to/from inpatient and outpatient programs as necessary.

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Three Year Plan

- Community review and feedback

- Complete an assessment of current state in all Utah hospitals over the course of the coming year

- Work with hospitals to identify their desired care level, and provide support and education designed to assist facilities to reach their goal

- Reassess current state annually for the next two years

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Critical Access Quality Improvement ECHO Series

Critical Access QI ECHO series

- Project implemented in partnership with the Utah Department of Health – Office of Primary Care and Rural Health

    - The purpose of the CAH QI ECHO is to create a supportive learning community for the 13 CAH facilities in UT and assist them to create improvement goal(s) using data at each facility

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Program Elements

- Three-year program

- Five Session ECHO series

- Ongoing support and facilitation

- Each organization will develop, implement, and complete one project per year

Hospital Quality Improvement Project

Overview

- HQIP Partnership:
  - Primary Contractor: Alliant Quality
  - Subcontractor: Comagine Health
- Funded by Centers for Medicare and Medicaid Services (CMS)
- A 4-year program designed to improve the efficiency, economy and quality of services
- Focus on rural, critical access hospitals

Focus Areas

- Behavioral Health with an emphasis on opioid adverse events

- Care Transitions – Readmission Reduction

- Patient Harm

  - Reduce all cause harm in hospitals (pressure injuries, sepsis, surgical site inf., VTE)

  - Reduce adverse drug events (ADEs) in hospitals

  - Reduce C. difficile in hospitals

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Additional Focus Areas

- COVID-19 and vaccines, public emergencies

- Health disparities and health equity

- Patient and family engagement (PFE)

Program Elements

- Support activities, learn of progress and challenges to your quality improvement plans

- Offer best practices, evidenced based interventions, educational events, and other resources

- Connect hospitals for peer-to-peer networking

- Provide quality improvement support

Discussion

- What are some priorities that we can work on together?
- Next steps for collaboration?

Thank you!