

OPIOID QUALITY IMPROVEMENT PLEDGE

FIRST YEAR

For Hospital Providers

Take the Opioid Quality Improvement Pledge

Like many providers, you're taking steps to help reduce opioid use in your patient population. To support your efforts and help drive even more change, we encourage you to take the Opioid Quality Improvement Pledge. When you take the pledge on behalf of a hospital, you agree to commit to one or more of the suggested action items below. In the first 12 months after you sign the pledge, your focus will be on preparing to take action on the item(s) you selected. In the second 12 months, your focus will be on execution.

We, _____, representing _____ providers,
(Name of facility) (#)

commit to taking action on one or more goals from each category. This commitment involves the following action item(s):

Category 1: Medication-Assisted Treatment

- ☐ Opioid overdose patients receive first dose Medication-Assisted Treatment in the emergency room (ER) before discharge.
- ☐ Patients diagnosed with opioid use disorder and those who overdose receive care coordination of Medication-Assisted Treatment post discharge.
- ☐ Opioid overdose recovery services delivered by certified peer recovery coaches in the ER.
- ☐ All opioid inpatient overdoses will receive Medication-Assisted Treatment within 30 days of discharge.

Category 2: Substance Abuse Screening in the ER

- ☐ ER protocols to screen and refer patients for substance use disorder treatment and screen for social determinants of health that may create barriers to treatment.
- ☐ Overdose prevention education provided to patients and their families/support systems, including reversal agents prescribed upon discharge.

Hospital representative signature

Print name

Date

Thank you for taking the opioid pledge.

We invite you to view best practices and share your own

To help office-based providers and hospitals develop plans to reduce opioid use in their patient populations, we have compiled Opioid Resources for best practices.

You can view Opioid Resources by going to the Cigna for Healthcare Professionals website (CignaforHCP.com) > Get questions answered: Resource > Pharmacy Resources > Pharmacy Clinical Programs: View Documents > Opioid Resources.



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OPIOID PLEDGE GOAL UPDATE FORM

SUBSEQUENT YEAR

For Hospital Providers

Each subsequent year, Hospitals must complete the Opioid Pledge Goal Update Form and describe the actions taken on the item(s) selected on the Opioid Quality Improvement Pledge form from your first year.

Please note that notification must be sent/mailed to your Cigna Healthcare representative/contractor 90 days prior to the end of the Measurement Period to receive full credit. If notification is not received, no credit will be given.

Organization type

☐ Hospital ☐ Health system

Please provide your organization's contact information.

Organization name:

Primary contact name:

Primary contact title:

Primary contact email:

Primary contact telephone:

Please identify the year-one goals previously selected from each category that your hospital and/or health system committed to taking action on.

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Please share your organization's execution plan below.

1. Overview – Name and description of initiatives and progress toward the selected goal(s) above.

<Type your response here>

2. Process – What was the process? How are you sustaining effort/keeping it current?

<Type your response here>

3. Impact – Measurable results/improvements. Describe the quantitative results.

<Type your response here>



4. Problems and solutions – What were the key success factors/winning elements? What were the biggest challenges? What would you do differently if you could go back?

<Type your response here>

5. Future goals – Next steps/objectives for sustaining. Have you implemented/shared this work inside your organization and/or with your local community (e.g., presentations, pamphlets, seminars/workshop)?

<Type your response here>

Additional information

Please contact your Cigna Healthcare contractor if you have any additional questions.



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