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 Director for Opioid Safety, UK HealthCare

BEYOND THE JOINT COMMISSION

Implementation and Maintenance of an Opioid Stewardship Program

1. Explain the risks of inappropriate opioid prescribing.
2. List members of an effective opioid stewardship team.
3. Describe meaningful interventions and deliverables for early successes in opioid stewardship.

Objectives

Physicians today are providing the leadership to help end the nation's opioid-related overdose and death epidemic. As medical professionals, we go where the evidence leads us.

RISKS OF INAPPROPRIATE OPIOID PRESCRIBING

Objective 1

THE OPIOID CRISIS

OVERDOSE

2017
70,237 Americans died from a drug overdose.

2018
US Surgeon General issues public health advisory regarding substance use disorder.

2018
2.1 million Americans with opioid use disorder (OUD) likely under-recognized due to multiple factors.

WORKFORCE

2017
29% of Labor force participation decline due to opioid overprescribing. Half of prime age men not working take prescription pain medicine.

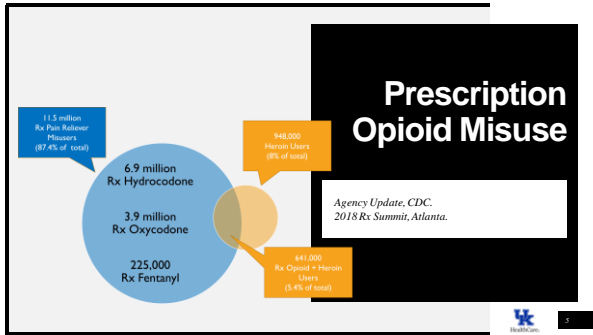
INFECTION

2017
54 of 217 US counties most susceptible to HIV outbreak located in Kentucky. Highest rate of new hepatitis C infections nationally (2008-2015) in Kentucky.

NAS

19.3 per 1,000 Kentucky deliveries diagnosed with neonatal abstinence syndrome (NAS).

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OPIOID RISK: BENEFIT

FIGURE 3. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply of their opioid prescription — United States, 2006-2015

Number of people needed to treat for one person to get 50% pain relief

| Prescription | NNT |
|---|-----|
| Rx Oxycodone 10 mg | 4.6 |
| Oxycodone 10 mg + acetaminophen 650 mg | 2.7 |
| Rx Ibuprofen 400 mg | 2.7 |
| Rx Naproxen 250 mg + acetaminophen 650 mg | 1.6 |

MMWR 2017, CD002763, CD004324, CD010210.

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BUILDING A TEAM: THE 5 W'S

| | | | | |
|--|--|--|--|--|
| WHO Prescribers Nurses Pharmacists Quality/safety Patient experience Informatics Pain management Leadership | WHAT What metrics are you trying to change? How measurable is EHR data? Do you use internal data analysis? What is actually meaningful? | WHEN What is the culture at your institution? Is there a perceived need? | WHERE Inpatient or outpatient? Start with a select group of motivated providers? Emergency department? | WHY Start with meeting Joint Commission standards, but set goals specific to your institution. |
|--|--|--|--|--|

OUR TEAM

*Physicians
 Medicine, Surgery, Trauma, ED,
 Orthopedics, Pediatrics, Oncology,
 Palliative Care*

Pharmacists

Nurses

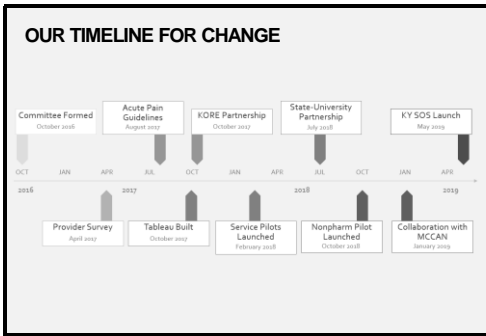
Quality & Safety

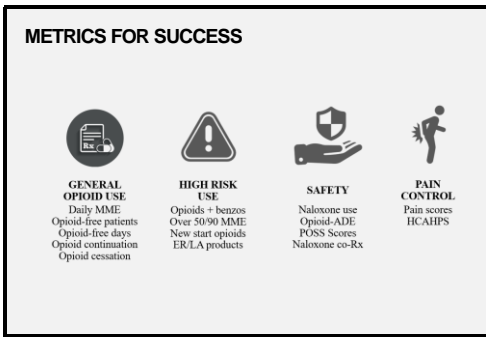
Patient Education & Advocacy

Informatics & Data

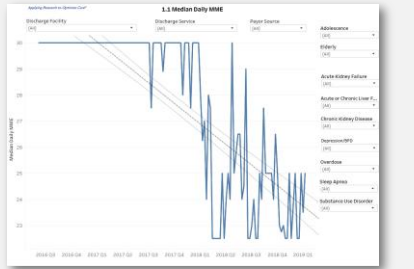
Hospital Leadership







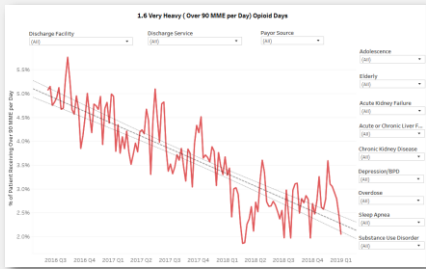
GENERAL OPIOID USE



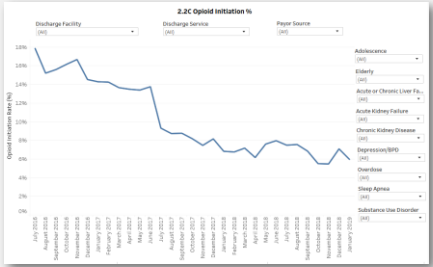
GENERAL OPIOID USE



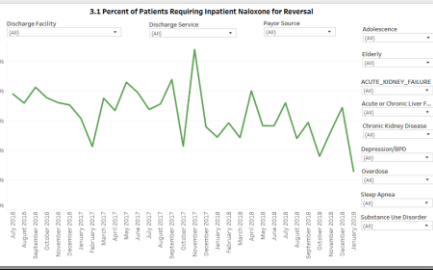
HIGH-RISK OPIOID USE



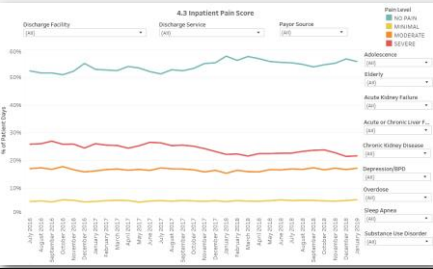
HIGH-RISK OPIOID USE



SAFETY



PAIN CONTROL



METRICS SUMMARY

57%
Reduction in patients receiving high-risk regimens

1,300
Opioid prescriptions avoided annually

250,000
Fewer opioid pills dispensed

DON'T JUST TAKE OUR WORD FOR IT

PRACTICE RESEARCH REPORT

Quality indicators to measure the effect of opioid stewardship interventions in hospital and emergency department settings

PAIN MANAGEMENT
Duplicate PRN
ER/LA products
Daily MME
Opioids + sedating drugs
Daily dose \geq 90 MME
Documented pain plan
Daily dose \geq 50 MME
IVP opioid

DISCHARGE
Rx $>$ 7 days
Rx \geq 50 MME/day
ED Rx $>$ 3-5 days
Education provided
ED d/c with opioid
Hosp. d/c with opioid

PATIENT OUTCOMES
Naloxone use
POSS \geq 3
Severe pain ratings

PATIENT ASSESSMENT
Documented pain goals
Documented function goals

Rizk E, Swan JT, Cheon O, et al. Am J Health-Syst Pharm 2019;76:225-35.

The Joint Commission Journal on Quality and Patient Safety 2019; 45:3-13

A Health System-Wide Initiative to Decrease Opioid-Related Morbidity and Mortality

Scott G. Werner, MD, MPH; Christin N. Price, MD; Alex J. Anstey, MD; Elizabeth M. Harry, MD; Erika A. Pabo, MD, MBA; Rajesh Patel, MD, MPH; Jiji Suzuki, MD; Shelby Anderson, MPM; Stanley W. Ashley, MD; Allen Kuchalla, MD, JD

- Guidance regarding goals
- Three key interventions
 - Keep opioid-naïve patients opioid-naïve (if possible)
 - Encourage safe use and monitoring of opioids when indicated
 - Comprehensive and compassionate care for patients with OUD

[https://www.jointcommissionjournal.com/article/S1553-750X\(18\)30088-6/fulltext](https://www.jointcommissionjournal.com/article/S1553-750X(18)30088-6/fulltext)

FINDING GOOD INFORMATION

St. Joseph's Health
ALTO Program
<https://www.stjosephshealth.org/home/page/articles/item/1508-also-also.html>

The Joint Commission
Joint Commission Revised Pain Standards
https://www.jointcommission.org/topics/pain_management_standards_hospital.aspx

CDC Centers for Disease Control and Prevention
Guideline for Prescribing Opioids for Chronic Pain
<https://www.cdc.gov/drugopiods/prescribing-guideline.html>

NATIONAL QUALITY FORUM
NOP Opioid Stewardship Playbook
https://www.qualityforum.org/Nation_of_Quality_Partners_Opioid_Stewardship_Action_Team.aspx

Opioid Stewardship Program

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1. Overprescribing still matters.
2. Stewardship programs can play a role, but need leadership, goals, and data.
3. There are numerous resources available for guidance, but your response must be tailored to your environment.

Summary

Physicians today are providing the leadership to help end the nation's opioid-related overdose and death epidemic. As medical professionals, we go where the evidence leads us.

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THANK YOU

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[🌐 https://hbkhealthcare.uky.edu/opioid-safety](https://hbkhealthcare.uky.edu/opioid-safety)
