OHIO HOSPITAL ASSOCIATION

OPIOID STEWARDSHIP: EXPERTISE

September 16, 2021

CONTINUING EDUCATION

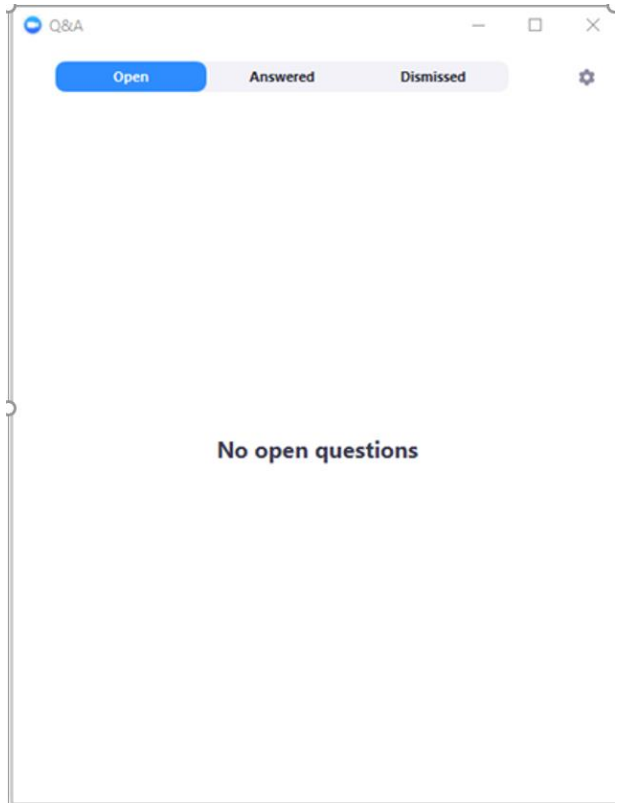
- The link for the evaluation of today's program is: https://www.surveymonkey.com/r/Opioid-Expertise-Sept19

- Please be sure to access the link, complete the evaluation form, and request your certificate. The evaluation process will remain open **two weeks** following the webcast. Your certificate will be emailed to you when the evaluation process closes after the 2-week process.

- If you have any questions, please contact Dorothy Aldridge (Dorothy.Aldridge@ohiohospitals.org)

The Ohio Pharmacists Foundation, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

SUBMITTING QUESTIONS



ACKNOWLEDGEMENT

The Ohio Hospital Association received a grant from Covery's Community Healthcare Foundation to support this opioid stewardship effort.

MetroHealth

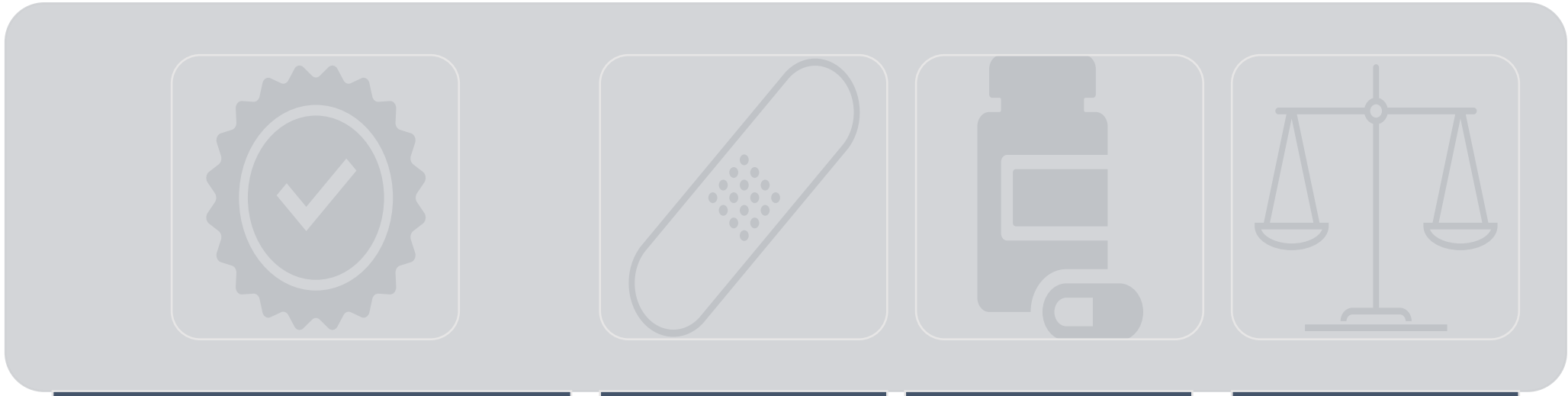
OHA Webinar
Opioid Stewardship Initiative

Joan Papp, MD FACEP

Director Office of Opioid Safety

The following report is proprietary information and constitutes trade secrets of The MetroHealth System and may not be disclosed in whole or part to any external parties without the express consent of The MetroHealth System. This document is intended to be used internally for The MetroHealth System discussion.

Objectives



Opioid Steward ship- why is it important? List consequences associated with poor opioid stewardship

Describe leadership structure of a successful opioid stewardship program

Describe the role of the Pharmacist

List evidence – based initiatives to improve opioid stewardship

Why is Opioid Stewardship Important?

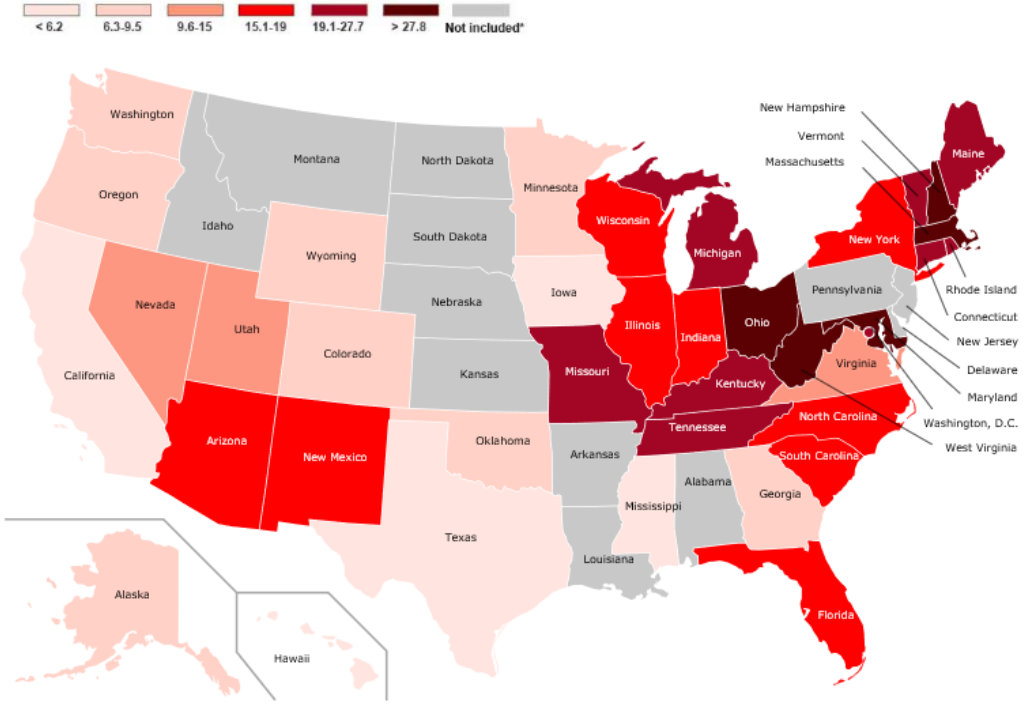
- Safety and Quality
- Cost
- Overdose
- Addiction
- Social Harms
- Crime

The Opioid Crisis in the U.S.: ***The 3 Waves***

Opioid Summaries by State

Drug overdose data comes from the CDC WONDER site. Available data is currently from 2018 with 2019 data usually being released in early 2021, at which time, these pages will be updated.

2018 Opioid-Involved Overdose Death Rates (per 100,000 people)[1]



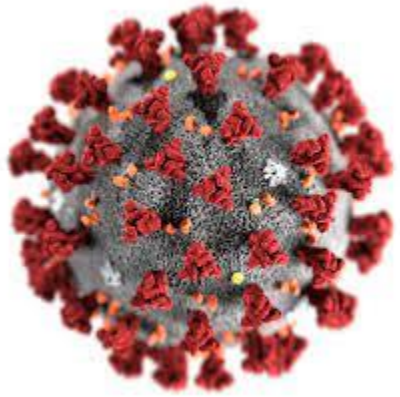
Prescription Opioids
1990s - 2010

➡

Heroin
2010-2015

➡

Fentanyl
2015-current

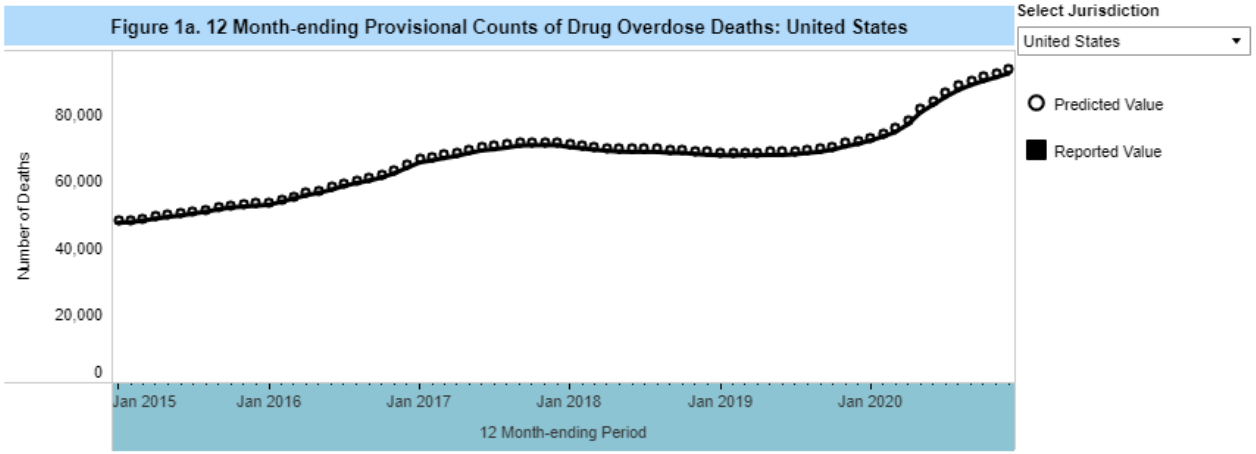


Vital Statistics Rapid Release

Provisional Drug Overdose Death Counts

12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: 7/4/2021



93,000

U.S. Drug Overdose Deaths in 2020

29 % increase in

12 months ending December 2020

Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.
Designed by LM Rossen, A Lipphardt, FB Ahmad, JM Keralis, and Y Chong: National Center for Health Statistics.

Some of the most impacted states faired better than others during the pandemic ….

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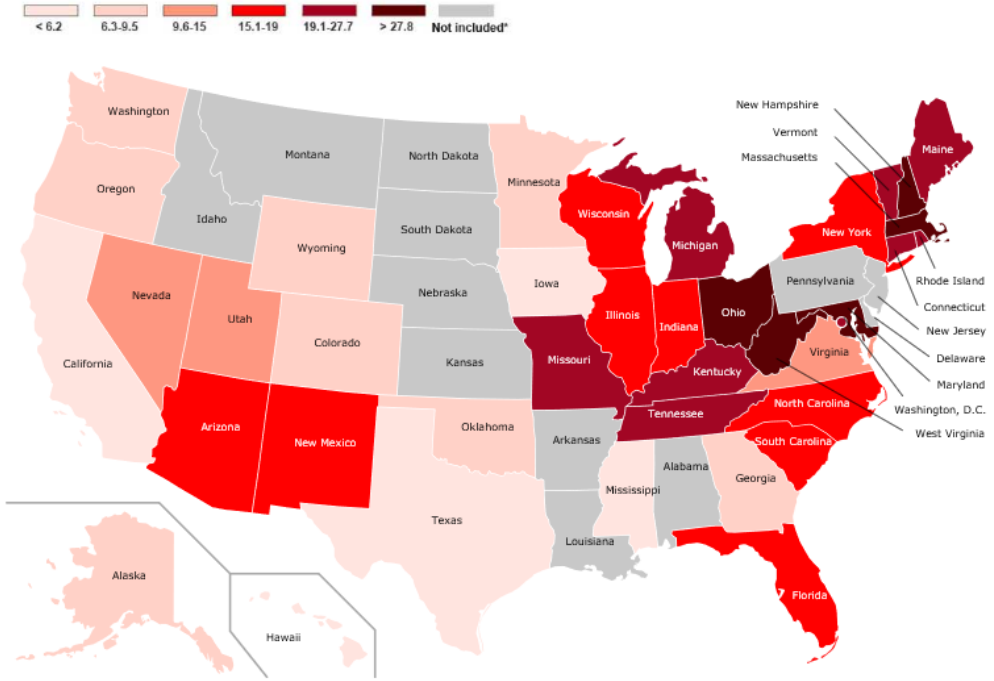
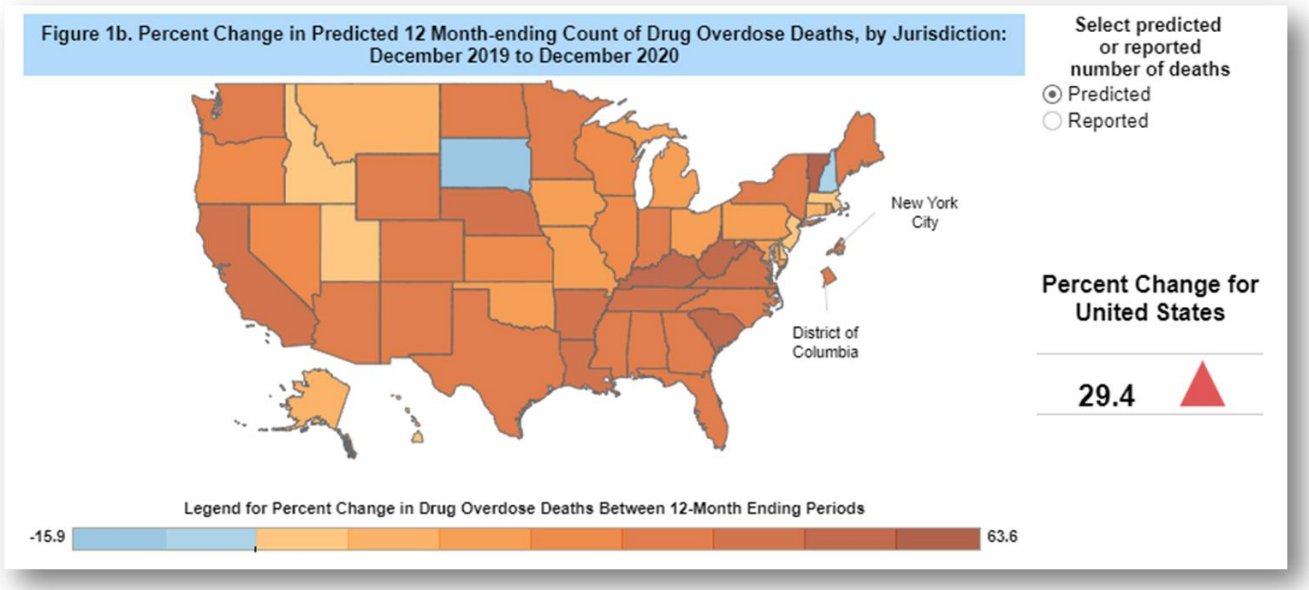




Ohio, West Virginia, Delaware, Massachusetts and New Hampshire reported > 27.8 deaths/100k population in 2018. All except West Virginia had and increase in fatalities LESS than the national average in 2020. New Hampshire had a DECREASE in overdose fatalities in 2020.

State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017

Weekly / April 16, 2021 / 70(15);541–546

Feijun Luo, PhD[1]; Mengyao Li, PhD[1]; Curtis Florence, PhD[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

The U.S. economic cost of opioid use disorder ($471 billion) and fatal opioid overdose ($550 billion) during 2017 totaled $1,021 billion.

What is added by this report?

In the 39 jurisdictions studied, combined costs of opioid use disorder and fatal opioid overdose varied from $985 million in Wyoming to $72,583 million in Ohio. Per capita combined costs varied from $1,204 in Hawaii to $7,247 in West Virginia. States with high per capita combined costs were located mainly in the Ohio Valley and New England.

What are the implications for public health practice?

Federal and state public health agencies can use these data to help guide decisions regarding research, prevention and response activities, and resource allocation.

Article Metrics

Altmetric:

66

News (5)
Blogs (1)
Twitter (26)
Mendeley (16)

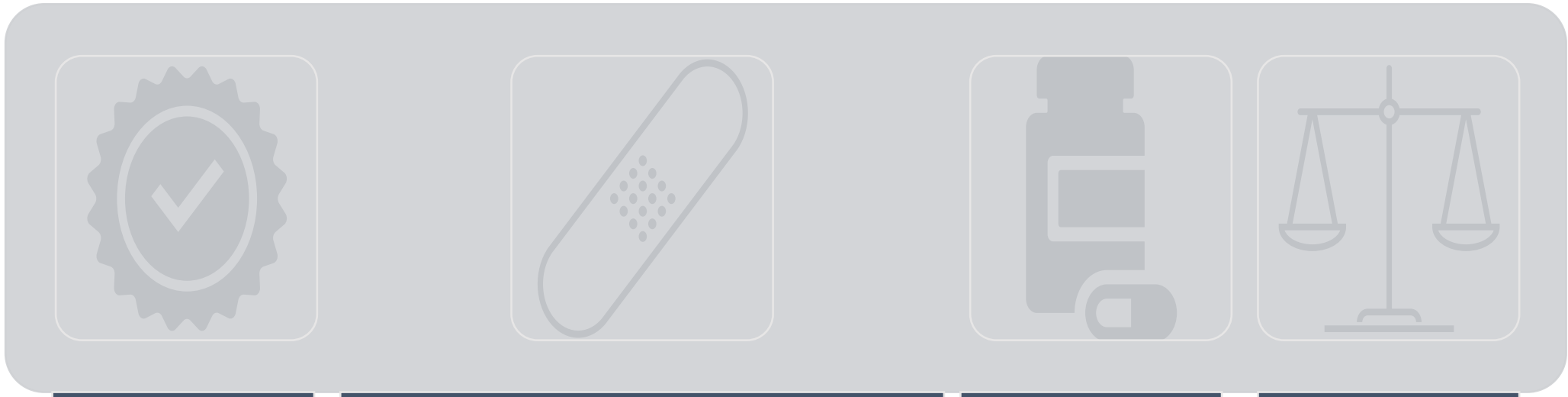
Citations: 1

Views: 4,870
Views equals page views plus PDF downloads

Metric Details

The CDC estimated that the cost of Opioid Use Disorder ($471 Billion and Opioid Overdose ($550 Billion) in the U.S. in during 2017

TOTALED $1,021 BILLION IN A SINGLE YEAR



Opioid Steward ship- why is it important? List consequen ces associated with poor opioid stewardshi p

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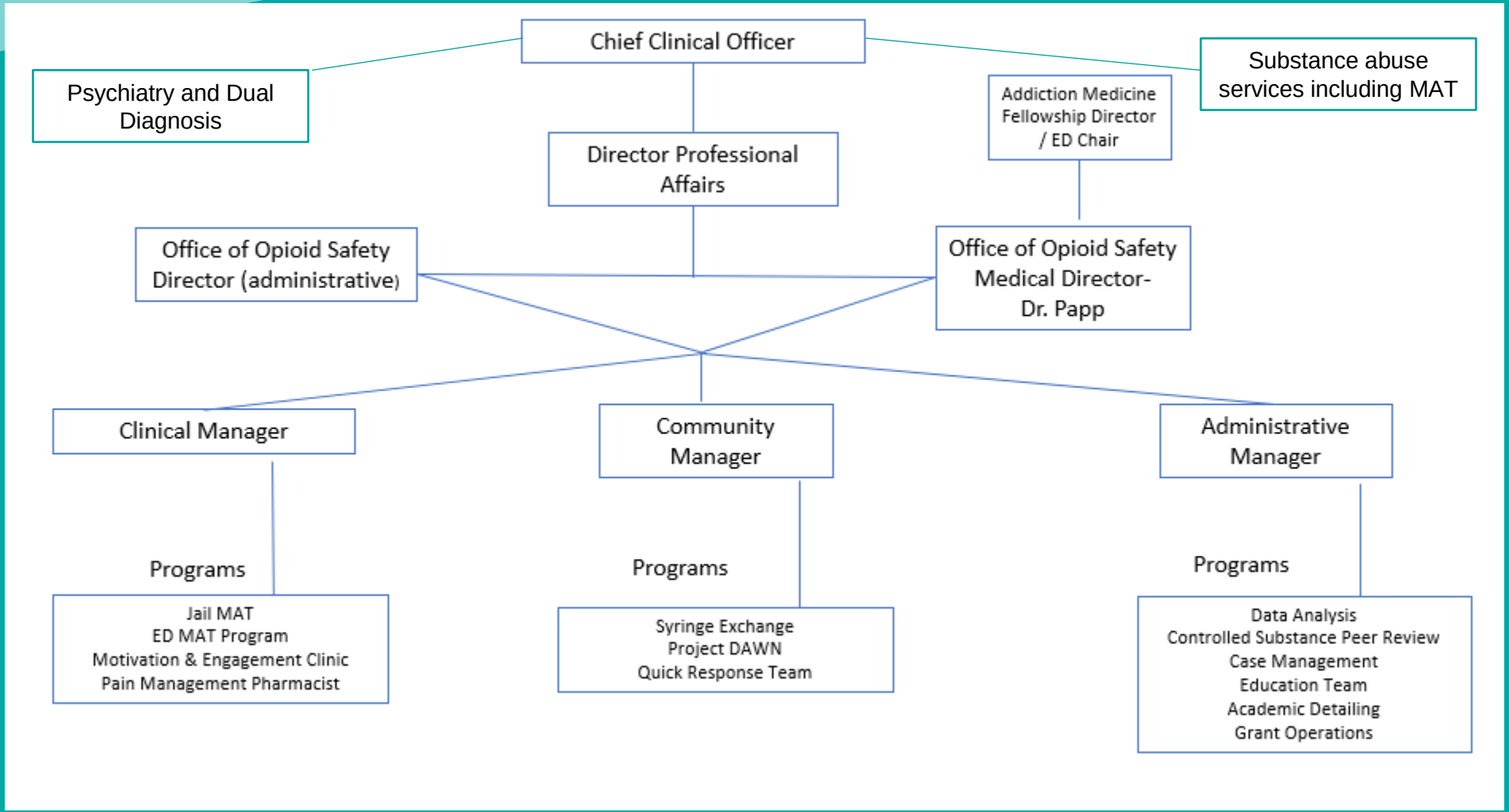
METROHEALTH OPIOID LEADERSHIP STRUCTURE AND STAKEHOLDERS



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Role of the Pharmacist

Pain management consults

- Same day/visit
- Telehealth or independent visits

E-Consults

- 72-hour response from clinical pharmacist to provider on a clinical query

Participation in task forces

- Opioid Safety
- Peer review
- Epic Strike force

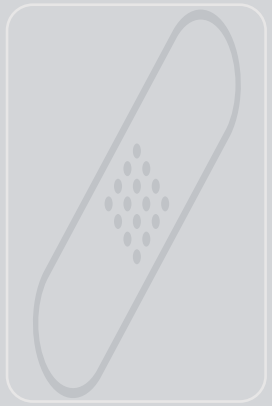
Education
-Academic detailing
-Lectures
-Assist with creation of education tools/handouts

- Assist with education modules

Leadership

- Advocacy
- Program development

MetroHealth



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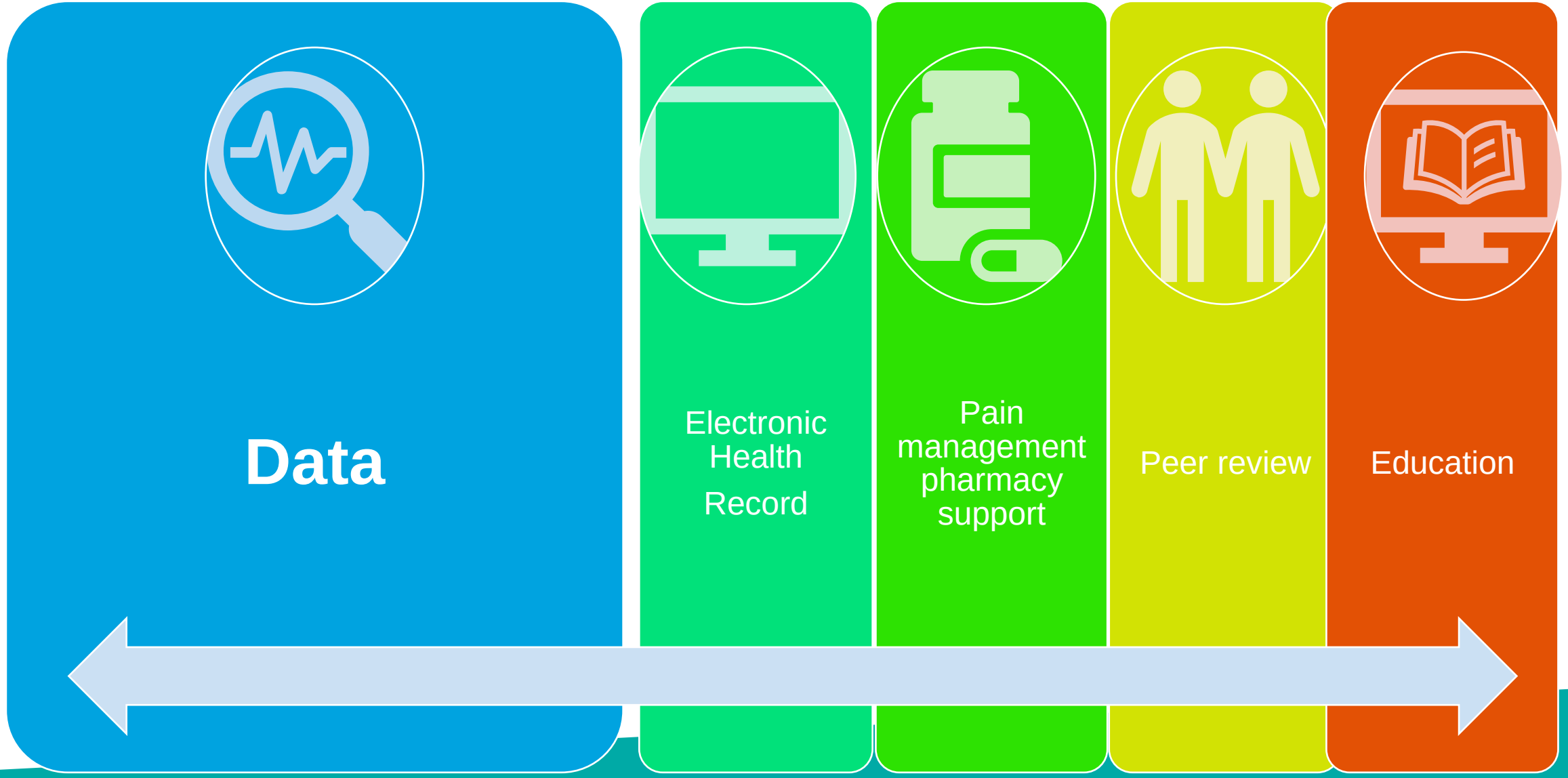
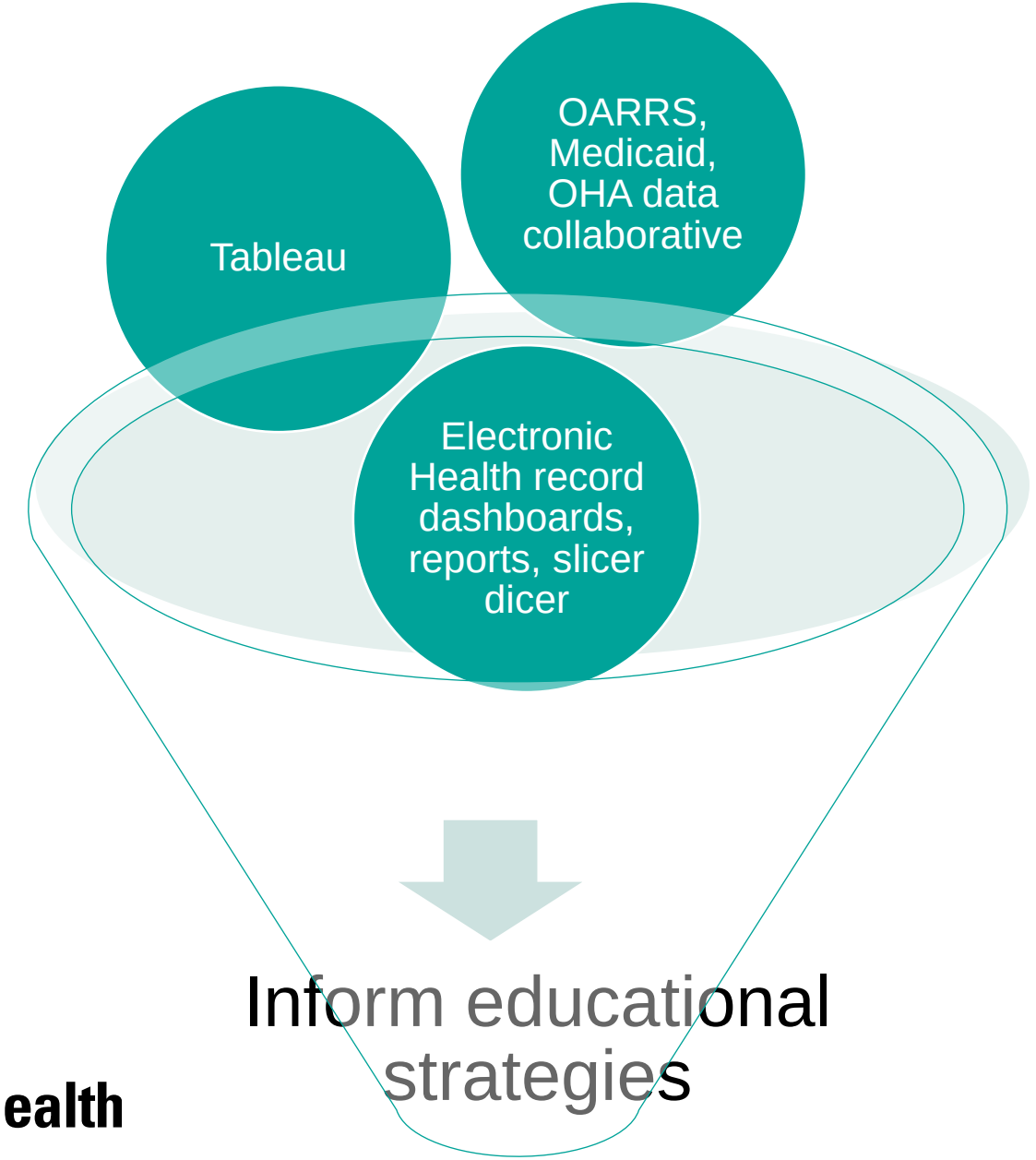
Opioid Stewardship Initiatives



Prescribing DATA

Identify and evaluate prescribing trends in your institution, compare against benchmarks if available

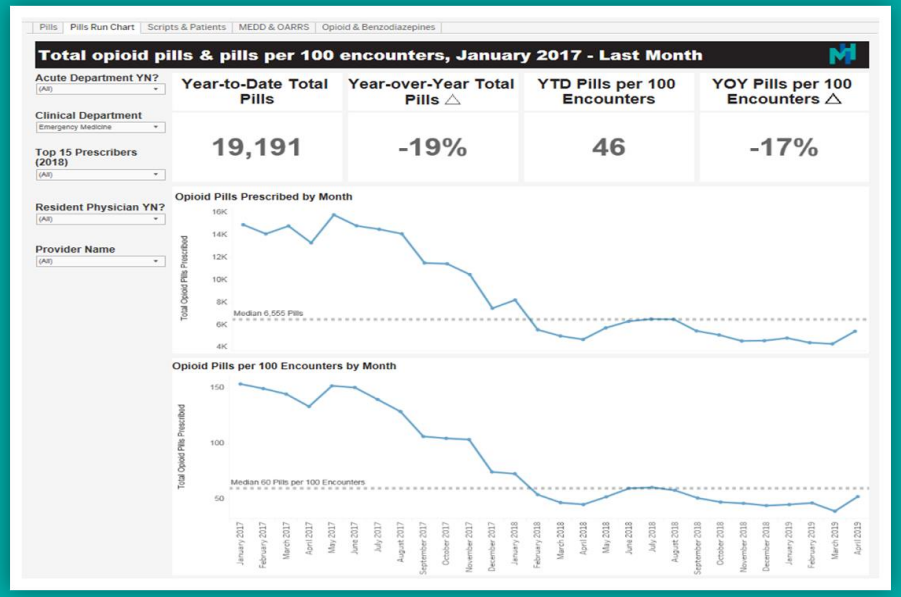


MetroHealth

Opioid Prescribing Metrics

- **Total Opioid pills**
- **Total Opioid Pills/100 encounter**
- **Total Opioid prescriptions**
- **Unique Patients on Opioids**
- **Average MED**
- **% OARRS**

Accessible Data: Mission Critical



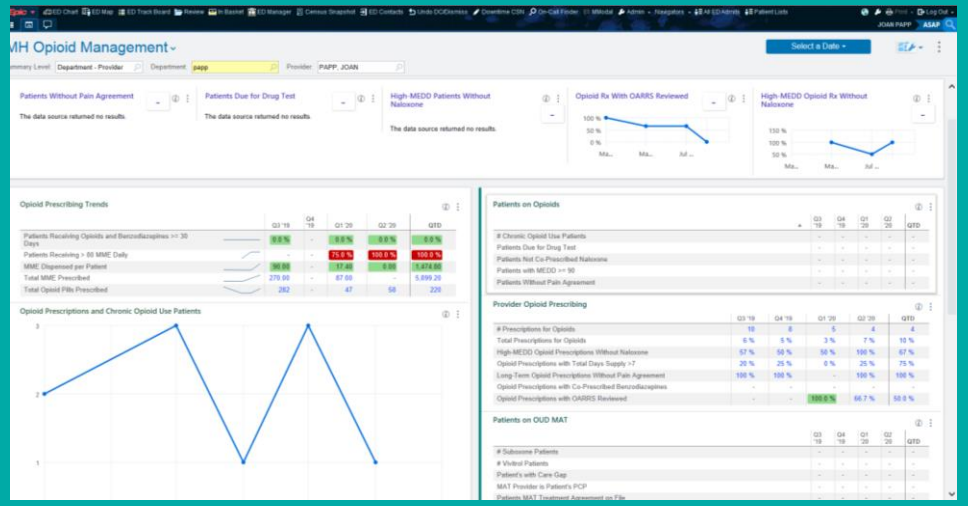
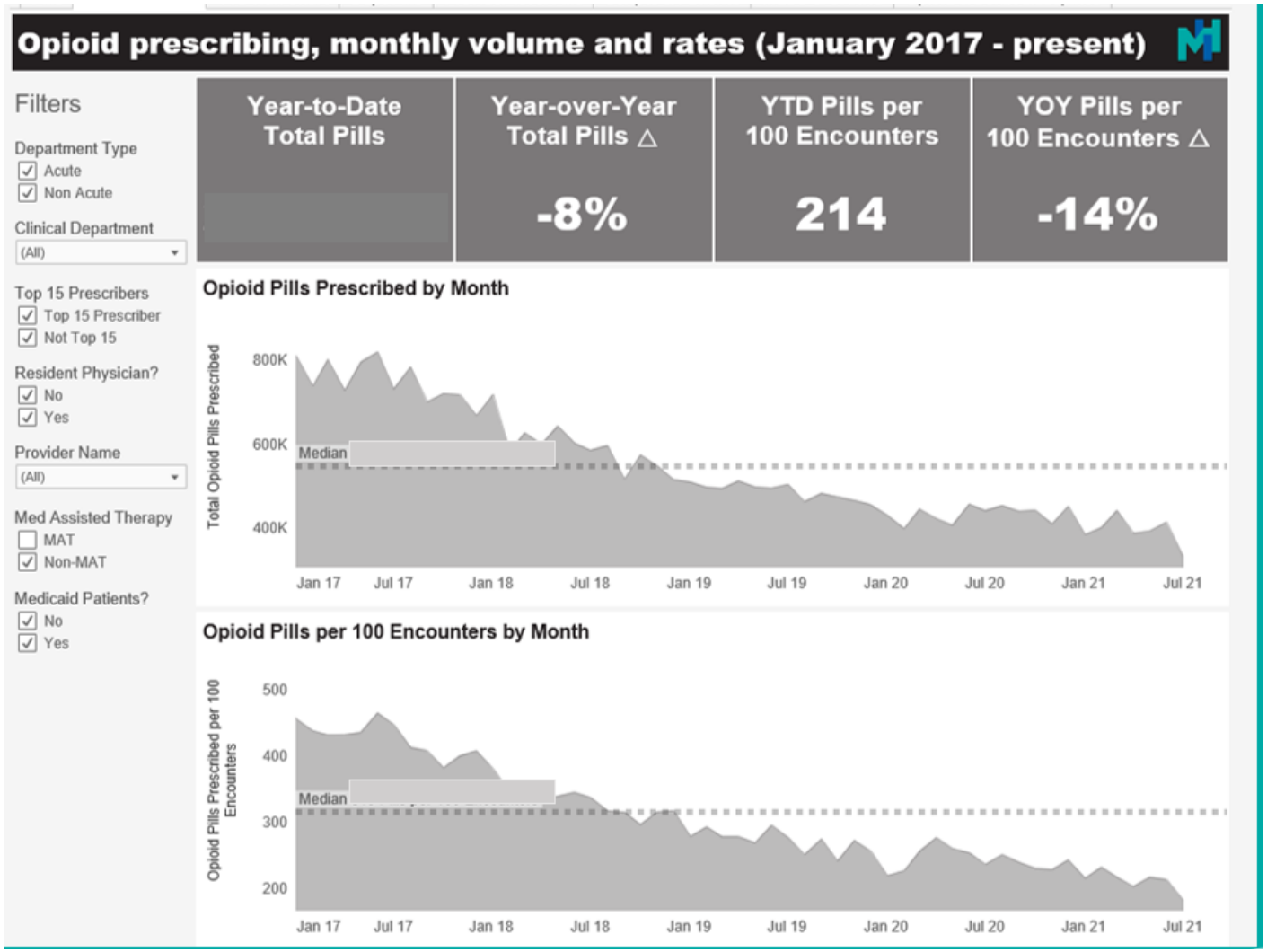


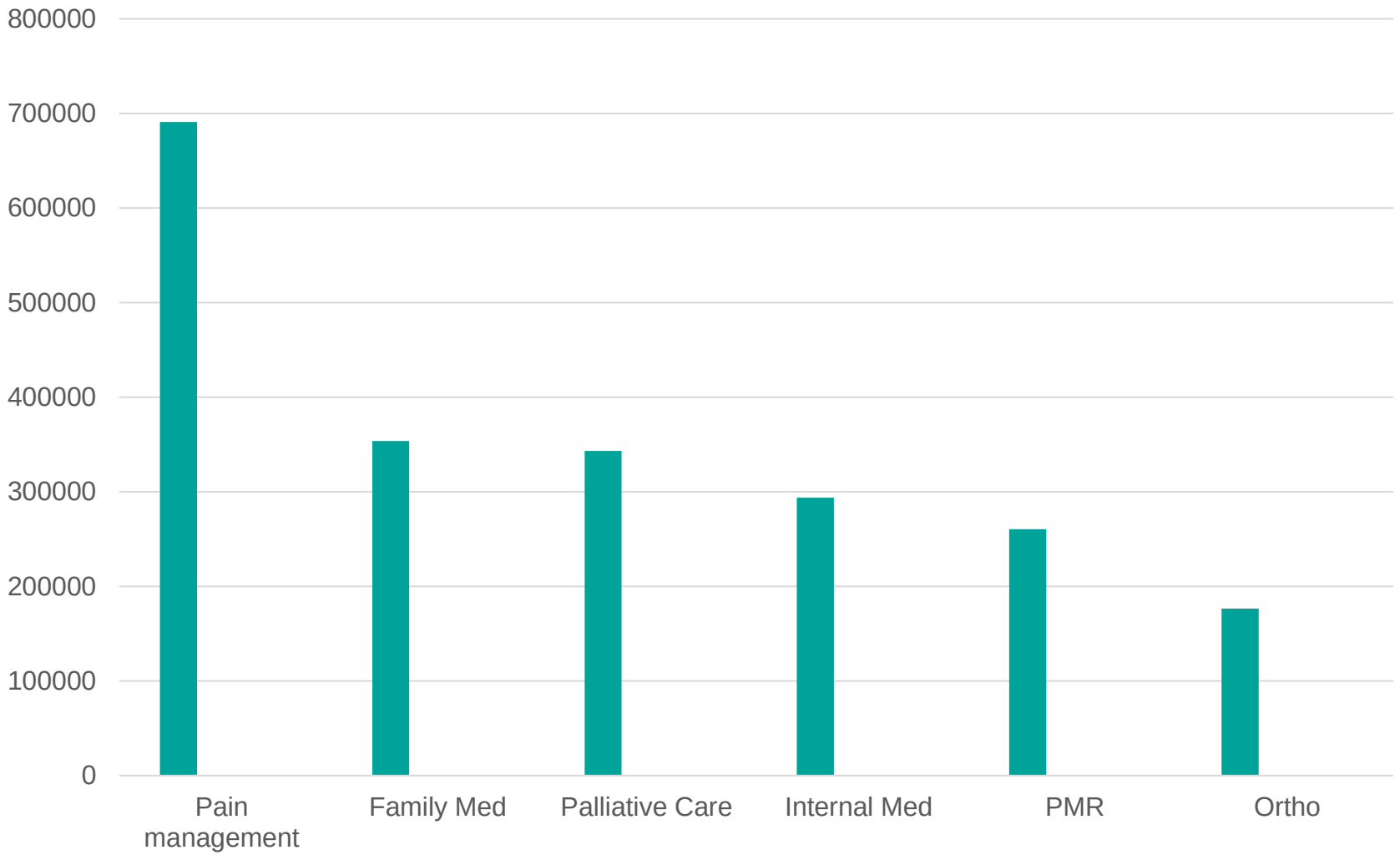
Tableau Dashboard

Epic Dashboard

Individual and departmental scorecards


Opioid prescribing, monthly volume and rates (January 2017 - present)
Filters
Department Type
Acute
Non Acute
Clinical Department
(All)
Top 15 Prescribers
Top 15 Prescriber
Not Top 15
Resident Physician?
No
Yes
Provider Name
(All)
Med Assisted Therapy
MAT
Non-MAT
Medicaid Patients?
No
Yes
Year-to-Date Total Pills
Year-over-Year Total Pills △
-8%
YTD Pills per 100 Encounters
214
YOY Pills per 100 Encounters △
-14%
Opioid Pills Prescribed by Month
Total Opioid Pills Prescribed
800K
600K
400K
Median
Jan 17
Jul 17
Jan 18
Jul 18
Jan 19
Jul 19
Jan 20
Jul 20
Jan 21
Jul 21
Opioid Pills per 100 Encounters by Month
Opioid Pills Prescribed per 100 Encounters
500
400
300
200
Median
Jan 17
Jul 17
Jan 18
Jul 18
Jan 19
Jul 19
Jan 20
Jul 20
Jan 21
Jul 21

Where to focus Efforts?



Individual and Departmental Scorecards

MetroHealth

Narcotic Report Card
Internal Medicine
January 1, 2018 – December 31, 2019

Graph 1- Total narcotic pills prescribed and filled as reported by OARRS for 2018 & 2019

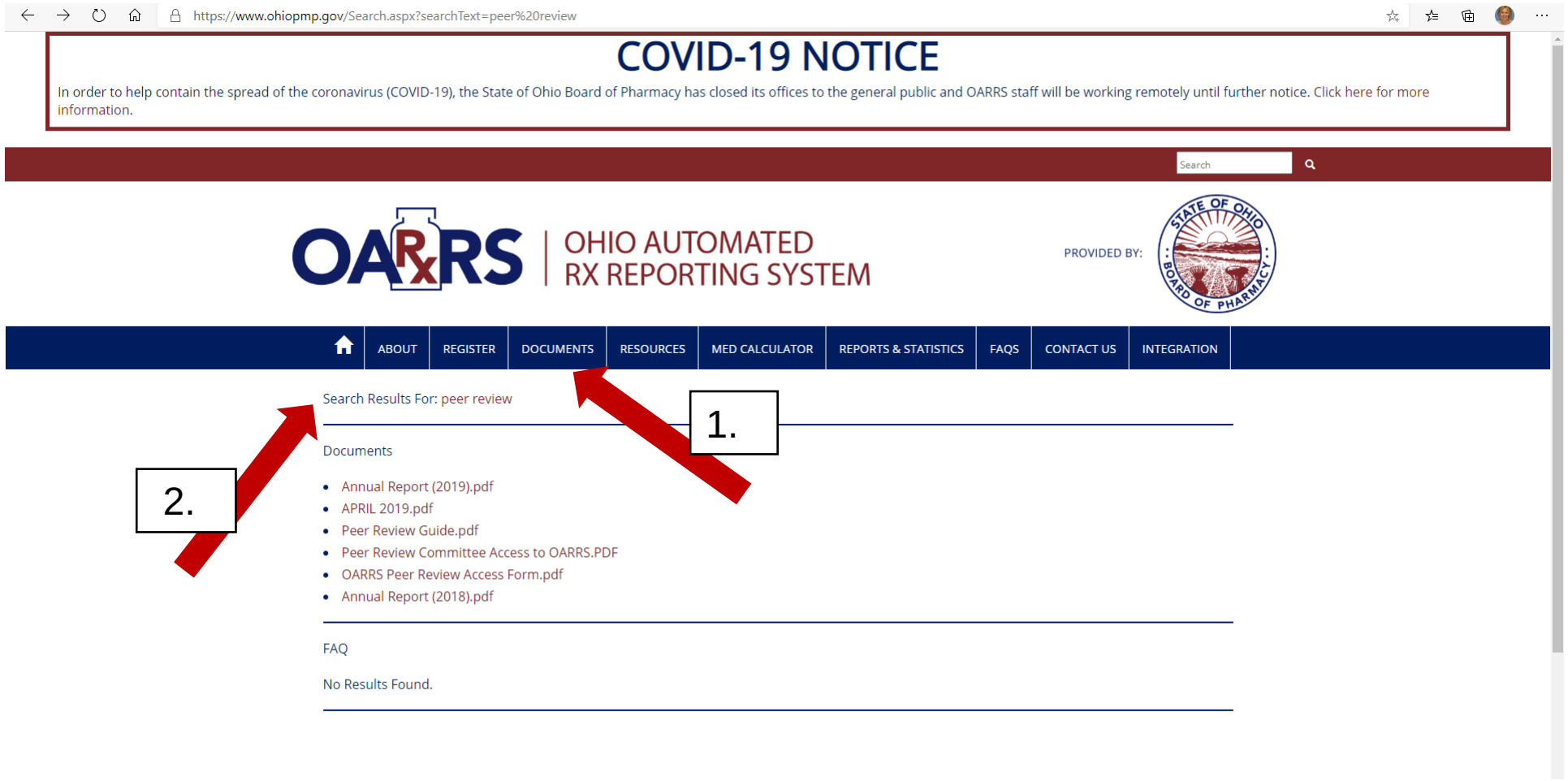
OARRS Data

CDC Recommendation #1
- Opioids are not first-line therapy.

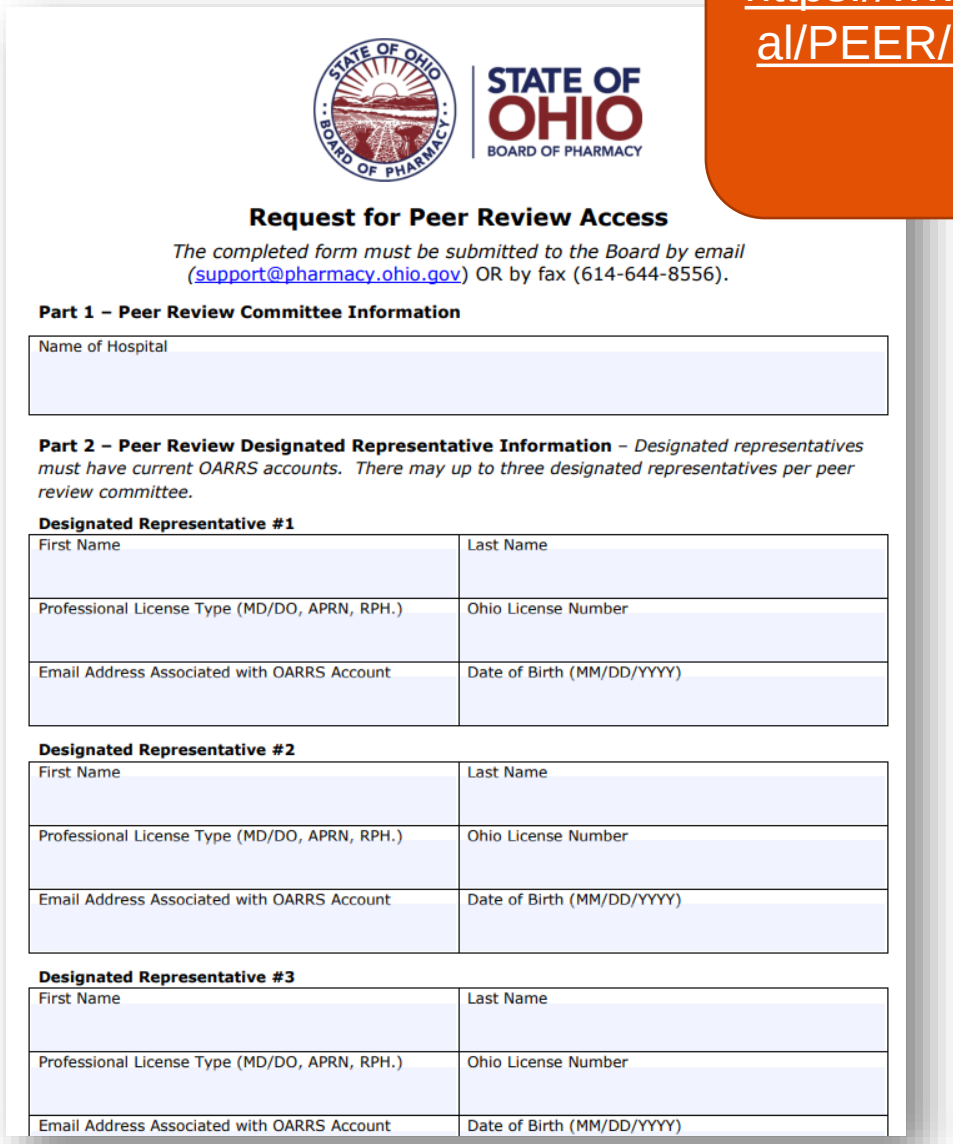
CDC Recommendation #6
- Prescribe short durations for acute pain.

*See slide 8 for drug category key

OAARS – Peer review access



https://www.ohiopmp.gov/Documents/General/PEER/OARRS%20Peer%20Review%20Access%20Form.pdf



STATE OF OHIO BOARD OF PHARMACY

Request for Peer Review Access

The completed form must be submitted to the Board by email (support@pharmacy.ohio.gov) OR by fax (614-644-8556).

Part 1 – Peer Review Committee Information

Name of Hospital

Part 2 – Peer Review Designated Representative Information – *Designated representatives must have current OARRS accounts. There may up to three designated representatives per peer review committee.*

Designated Representative #1

First Name	Last Name
Professional License Type (MD/DO, APRN, RPH.)	Ohio License Number
Email Address Associated with OARRS Account	Date of Birth (MM/DD/YYYY)

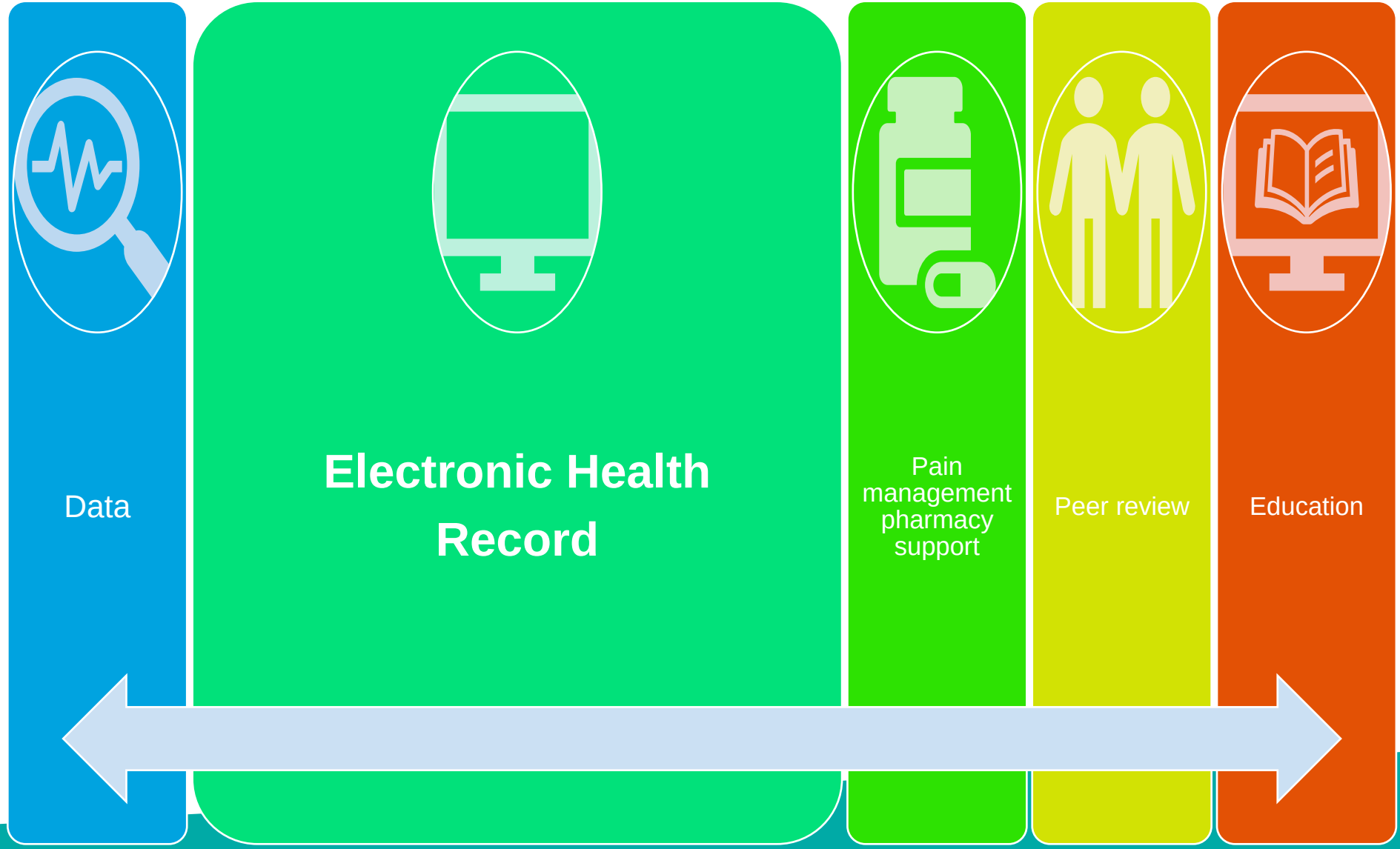
Designated Representative #2

First Name	Last Name
Professional License Type (MD/DO, APRN, RPH.)	Ohio License Number
Email Address Associated with OARRS Account	Date of Birth (MM/DD/YYYY)

Designated Representative #3

First Name	Last Name
Professional License Type (MD/DO, APRN, RPH.)	Ohio License Number
Email Address Associated with OARRS Account	Date of Birth (MM/DD/YYYY)

Opioid Stewardship Initiatives



Tools for the Electronic Health Record

HARDWIRED SOLUTIONS

“Make the easiest option the safest option”

Ordersets

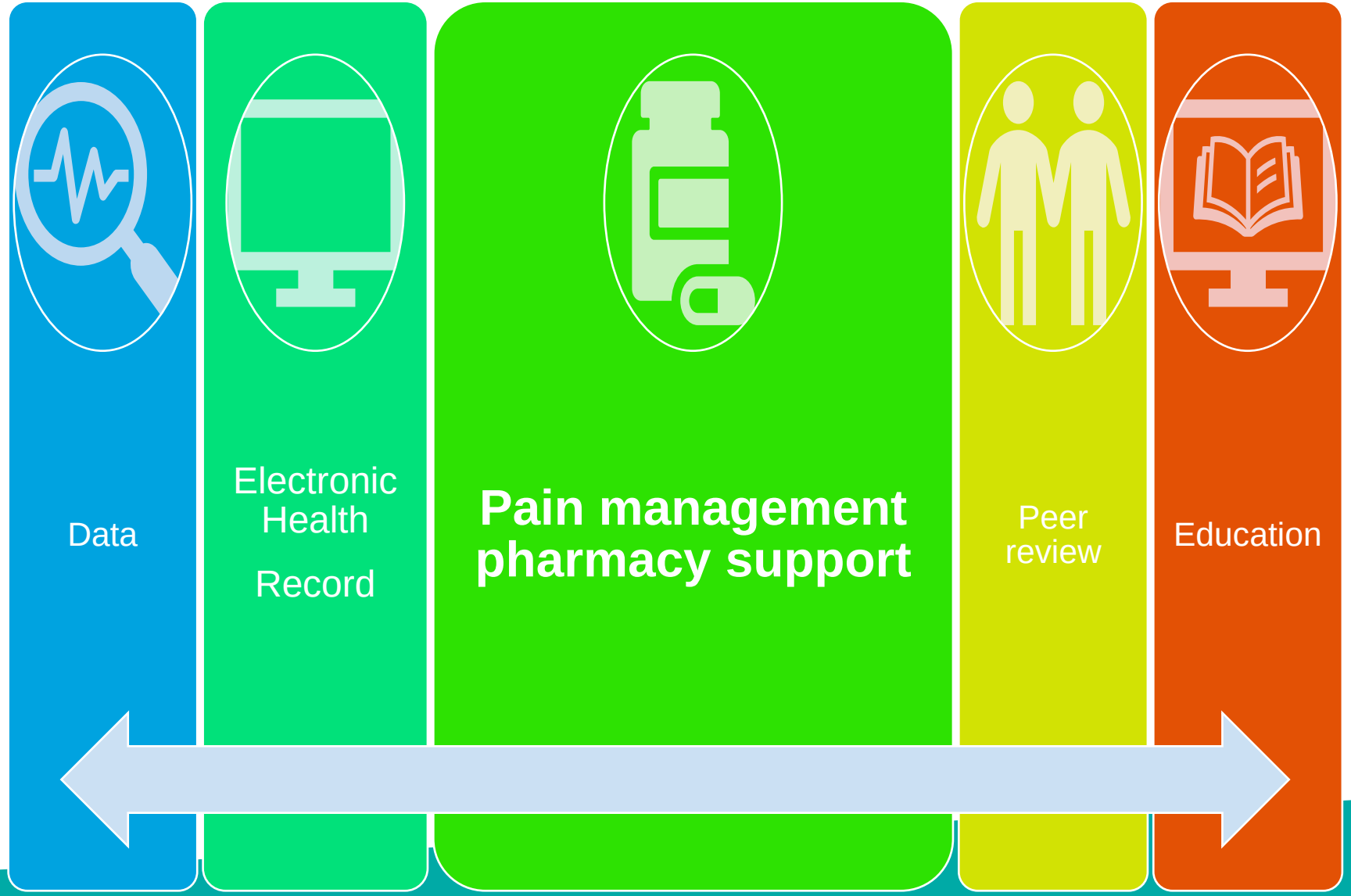
Default quantities/doses

BPAs/Alerts

Dashboards

Calculators for opioid dosing

Opioid Stewardship Initiatives



Pain Management Pharmacy Support

Pain management consults

- Same day/visit
- Telehealth or independent visits

E-Consults

- 72-hour response from clinical pharmacist to provider on a clinical query

Participation in task forces

- Opioid Safety
- Peer review
- Epic Strike force

Opioid Stewardship Initiatives

Controlled Substance Peer Review

- *<u>Goal:</u> To apply standards for the safe prescribing of controlled substances throughout the MetroHealth system by reviewing prescribing practices of providers, providing feedback and recommendations for improvement in a confidential and collegial environment thereby reducing adverse patient outcomes and reducing the number of prescriptions for controlled substances.*

Advisory Board | Pharmacy Executive Forum

Rightsizing Opioid Prescribing

15 steps for reining in unwarranted prescribing

RESEARCH REPORT

Look inside for:

- Trends in opioid prescribing standardization efforts across hospitals
- Tactics for engaging clinicians in developing and implementing pain management standards
- Strategies for supporting clinicians with complex pain management cases

Data Analyses Surface Ongoing Educational Opportunities

Chart Reviews Enable More Targeted Coaching and Support

Even with multiple supports in place, some prescribers will still deviate from care standards. While their prescribing decisions may be appropriate, it is important to review their practice to ensure patient safety and care quality. MetroHealth created a multidisciplinary controlled substance peer review committee to promote safe opioid prescribing and adherence to the system's standards. The committee includes physician representation from physical medicine and rehab, primary care, psychiatry, emergency medicine, and anesthesia, and will also include a utilization review nurse in the future. The team analyzes outpatient prescribing data and patient charts to identify outlying prescribing patterns and meets one-on-one with prescribers as needed to set goals to modify opioid prescribing.

Controlled Substance Peer Review Committee

Goal: Apply standards for the safe prescribing of controlled substances throughout the system, thereby reducing adverse patient outcomes and the number of prescriptions for controlled substances

1 Analyze Outpatient Prescriptions to Identify Outlying Prescribing Patterns

- Aggregate and analyze outpatient opioid prescribing data based on total pills prescribed, total pills per 100 encounters, and average MME over a two-year period for Schedule II and III opioids
- Identify outlying opioid prescribing patterns warranting further review

2 Review Subset of Patients to Surface Root Causes

- Conduct an in-depth chart review of 10 patients receiving either a high rate or high dosage of opioids to determine if prescribing meets best practice standards
- Review chart for: diagnosis, reason for opioid prescription, OARRS[1] (Ohio state PDMP) utilization, toxicology screens, co-prescribing of benzodiazepines, frequency of office visits, ED visits for overdoses, frequent phone calls for refill requests, any other red flags

3 Meet with Provider to Share Data and Set Goals

- If necessary, meet with providers to share data about their prescribing history in relation to their peers and the institution as a whole
- Provide and review checklist to set specific goals to improve overall safe opioid prescribing practices and determine actions to take with high-risk patients

Case in Brief: MetroHealth

- 731-bed, nonprofit integrated health system based in Cleveland, Ohio
- Controlled substance peer review committee analyzes outpatient opioid prescribing data to identify outlying opioid prescribing patterns
- To validate whether prescribing meets best practice, committee performs a chart review of 10 of the provider's patients
- Committee meets with prescribers individually if necessary to address any concerns and devise an action plan to appropriately treat patients at high-risk of opioid misuse

1) Ohio Automated Rx Reporting System.

Source: MetroHealth, Cleveland, OH; Pharmacy Executive Forum interviews and analysis.

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Peer Review Team

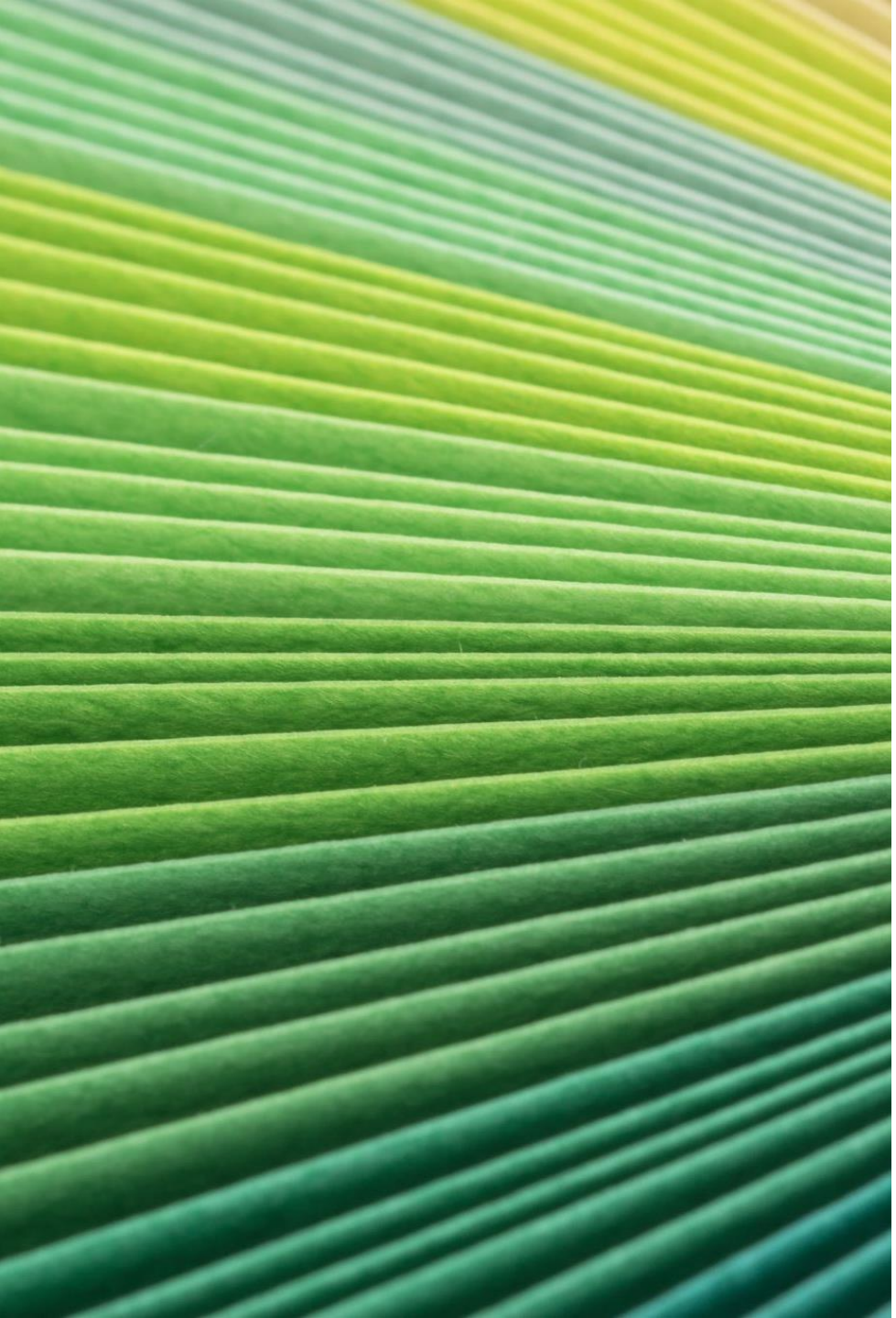
Data Analyst

Utilization review Nurse

Case management nurse

Pain management pharmacist

Multi-disclipinary team of providers including advanced practice providers



- Referrals (peers, pharmacy, patient, legal)
- Prescribing Data
- Overdose fatality data
- Chart review performed utilizing advocate check list

Peer Review Pathway

Identify	Identify provider
Review and summarize	Review and summarize prescribing data and overdose fatality data from Med examiner
Review	Review 10 patient charts utilizing advocate check list
Summarize	Summarize findings and present to peer review committee
Determine	Determine level of intervention: • Letter • In person meeting
Review	Review ongoing basis for progress
Meet	Meet with provider to share data, get feedback, provide resources and set goals

Advocate Check List

Provider:

Patient Name/MRN: **Age:** **Gender:**

Pertinent PMH:

Prescribed opioid regimen:

Opioid Dx:

1. Did provider document that an OARRS check was done and provide a summary of the results?

2. Are opioids co-prescribed with benzodiazepines, sedatives other controlled substances?

3. Is naloxone co- prescribed when appropriate (MME>50, high risk medication combinations or co-morbidities or with a h/o illicit drug use?

4. Is there an opioid risk tool score (ORT) documented by this provider?

If not, does this patient have a documented?

   i. Psychiatric history
   ii. Personal history of drug or alcohol abuse
   iii. Family history of alcohol or drug abuse
   iv. Documented history of child sexual abuse

5. Does the patient have a narcotic care plan (if name is highlighted in RED, click on the name to read care plan)

6. What is a typical MED or morphine equivalent dose for the prescriptions provided by the provider? (
7. Do you identify any encounters in EPIC for lost prescriptions, drug misuse, drug abuse, overdose or any other clues that aberrant behavior is going on with the patient?

8. Is a patient contract documented for chronic pain management patients?

9. Does physician documentation justify initial and ongoing appropriateness of controlled substances? (e.g other therapies tried and exhausted, medical condition is appropriate to be treated with controlled substance and efforts to wean opioid)

10. Are pain management panels sent at routine appropriate intervals?
    a. Are appropriate changes in management made when pain management panels are either positive for illicit substances or are negative for the medication being prescribed (may be an indicator that patient is selling the drug rather than using it personally)?

11. Are patients being seen at regular intervals with provider in the office (at least every 6 months)?

Resources for Providers

- Education:
- 3- day CWRU intensive prescribing course
- Scope of Pain online modules
- PCSS- MAT waiver training
- Live simulation training

- Pain management pharmacist
- Case Manager

Monitor and Support Providers

Using Data Dashboards to track prescribing patterns before and after interventions

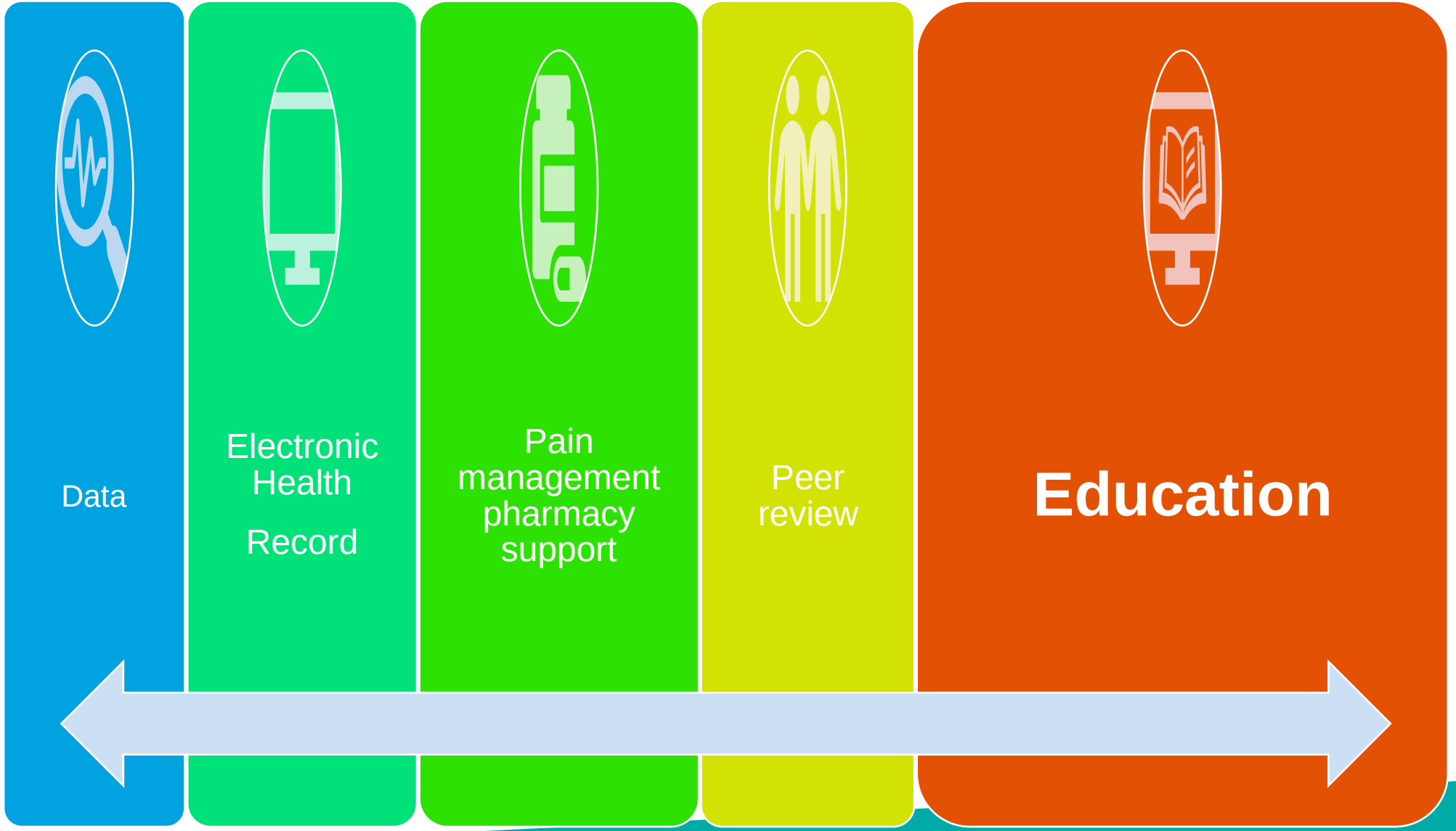
Track prescribing trends to ensure progressing in right direction

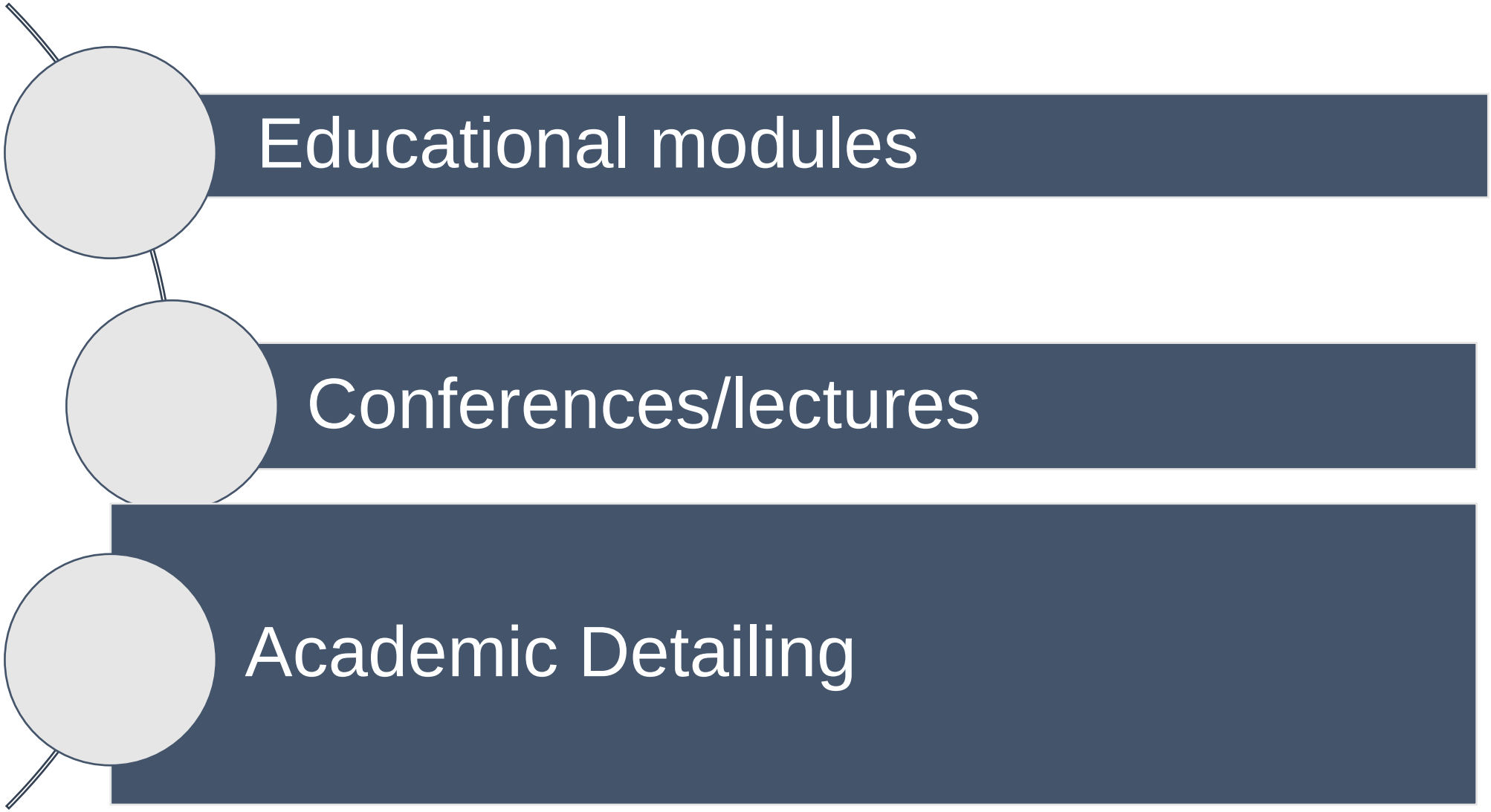
Continuous quality improvement with PDSA cycles to evaluate interventions

Expand successful interventions and eliminate unsuccessful interventions

MetroHealth

Opioid Stewardship Initiatives




Educational modules
Conferences/lectures
Academic Detailing

WHAT IS ACADEMIC DETAILING?

Academic detailing is **outreach education for health care professionals**. It uses the communication approach of pharmaceutical detailers, combined with the evidence-based, non-commercial aims of academic groups, and research centers.

The term "academic detailing" reflects this hybrid concept.

ACADEMIC DETAILING FAQS

- University or non-commercial-based educational outreach
- No financial links to the pharmaceutical industry
- Face-to-face education of prescribers by trained health care professionals, typically pharmacists, physicians, or nurses
- Goal: improve prescribing of targeted drugs to be consistent with medical evidence from randomized controlled trials, which ultimately improves patient care and can reduce health care costs.

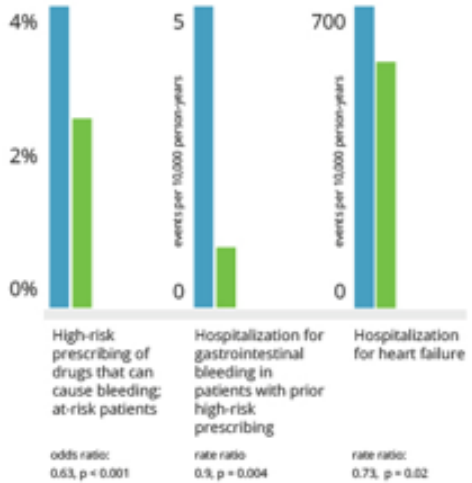
MORE ACADEMIC DETAILING SUCCESS

OUTREACH EDUCATION THAT TRANSFORMS PATIENT CARE

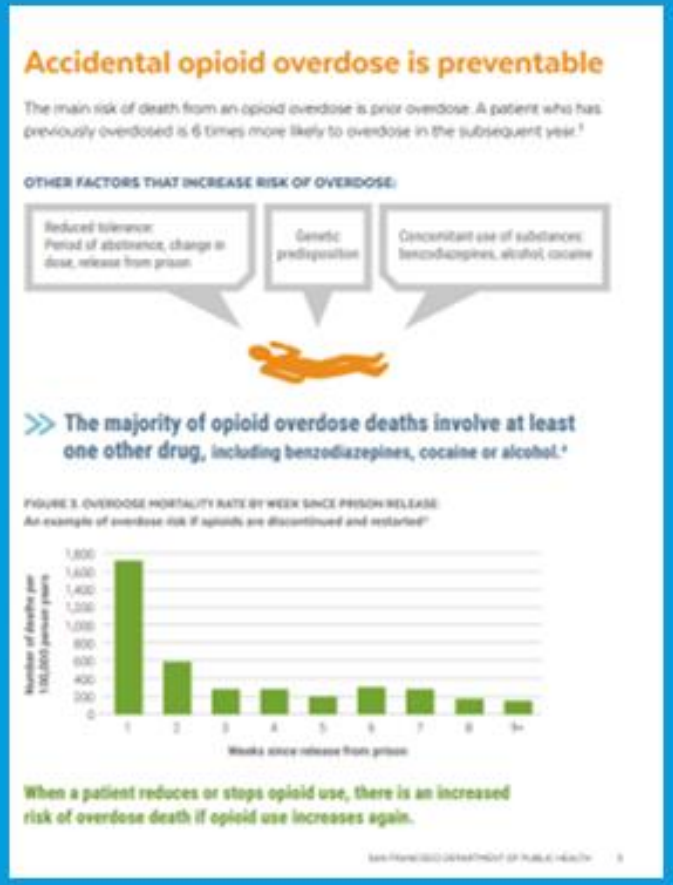
Academic detailing takes the most rigorous university-based evidence review and delivers it interactively in the clinician's own office, to "market the evidence" rather than any product. **Decades of experience and scores of evaluation studies** prove that this approach transforms practice far more effectively than conventional continuing education lectures.

A well-integrated program can prevent risky medication use as well

In a 2016 paper in the New England Journal of Medicine, a combination of academic detailing and data feedback reduced harmful combinations of drugs that can promote bleeding, as well as preventing the resulting hospitalizations.



EXAMPLES OF NALOXONE MATERIALS



Accidental opioid overdose is preventable

The main risk of death from an opioid overdose is prior overdose. A patient who has previously overdosed is 6 times more likely to overdose in the subsequent year.[1]

OTHER FACTORS THAT INCREASE RISK OF OVERDOSE:

Reduced tolerance: Period of abstinence, change in dose, release from prison

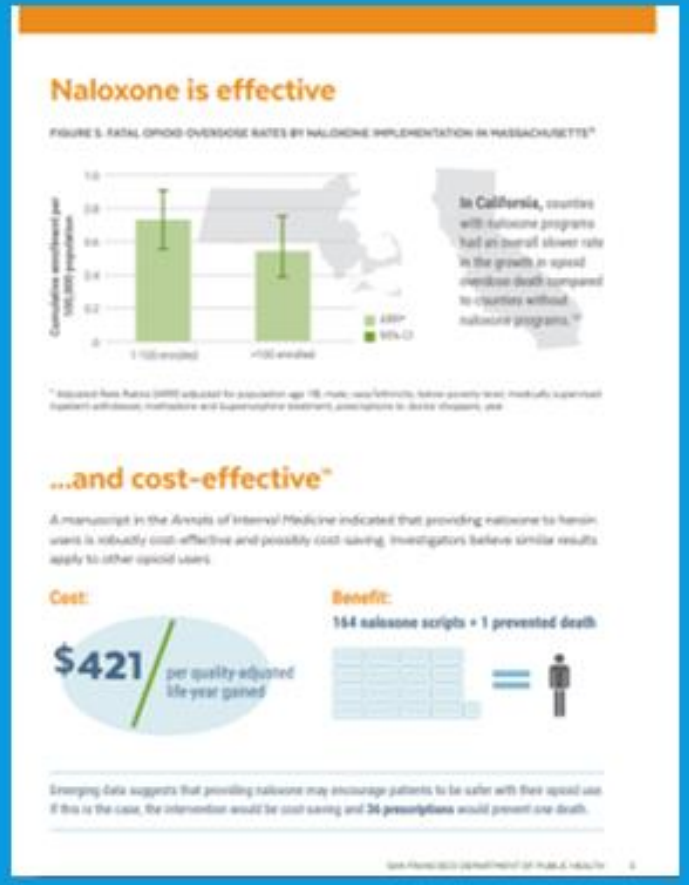
Genetic predisposition

Concomitant use of substances: benzodiazepines, alcohol, cocaine

>> The majority of opioid overdose deaths involve at least one other drug, including benzodiazepines, cocaine or alcohol.[4]

FIGURE 3. OVERDOSE MORTALITY RATE BY WEEK SINCE PRISON RELEASE
An example of overdose risk if opioids are discontinued and restarted[5]

When a patient reduces or stops opioid use, there is an increased risk of overdose death if opioid use increases again.



Naloxone is effective

FIGURE 5. FATAL OPIOID OVERDOSE RATES BY NALOXONE IMPLEMENTATION IN MASSACHUSETTS[6]

In California, counties with naloxone programs had an overall slower rate in the growth in opioid overdose death compared to counties without naloxone programs.[7]

* Adjusted Rate Ratio (ARR) adjusted for population age, race/ethnicity, below poverty level, medically supervised inpatient withdrawal, methadone and buprenorphine treatment, prescriptions to doctor shoppers, year

...and cost-effective*

A manuscript in the Annals of Internal Medicine indicated that providing naloxone to heroin users is robustly cost-effective and possibly cost-saving. Investigators believe similar results apply to other opioid users.

Cost:

$421 per quality-adjusted life year gained

Benefit:

164 naloxone scripts = 1 prevented death

Emerging data suggests that providing naloxone may encourage patients to be safer with their opioid use. If this is the case, the intervention would be cost saving and **36 prescriptions** would prevent one death.

Indications for naloxone prescription

CONSIDER OFFERING A NALOXONE PRESCRIPTION TO:

- All patients prescribed long-term opioids
- Anyone otherwise at risk of experiencing or witnessing an opioid overdose

WHY PRESCRIBE TO ALL PATIENTS ON LONG-TERM OPIOIDS?

It is difficult to predict which patients who take prescription opioids are at risk for overdose.

Many patients do not feel they are at risk for overdose. Prescribing to all patients on opioids will help patients understand naloxone is being prescribed for risky drugs, not risky patients.

About 40% of overdose deaths result from diverted medications.[1] Whether intentional or unintentional, diverted opioids are a serious risk. Co-prescribing naloxone increases the chance that the antidote will remain with the medication.

Potential behavioral impact

Being offered a naloxone prescription may lead to safer opioid use.

U.S. army base Fort Bragg in North Carolina averaged 8 overdoses per month. After initiating naloxone distribution, the overdose rate dropped to zero—with no reported naloxone use.[8]

"[W]hen I prescribe naloxone…there's that realization of how important this is and how serious this is in their eyes." —US army Fort Bragg primary care provider

Selected San Francisco Health Network clinics began co-prescribing naloxone to patients on opioids in 2013.

"I had never really thought about [overdose] before…it was more so an eye opener for me to just look at my medications and actually start reading [about] the side effects, you know, and how long should I take them…I looked at different options, especially at my age."
—San Francisco patient[9]

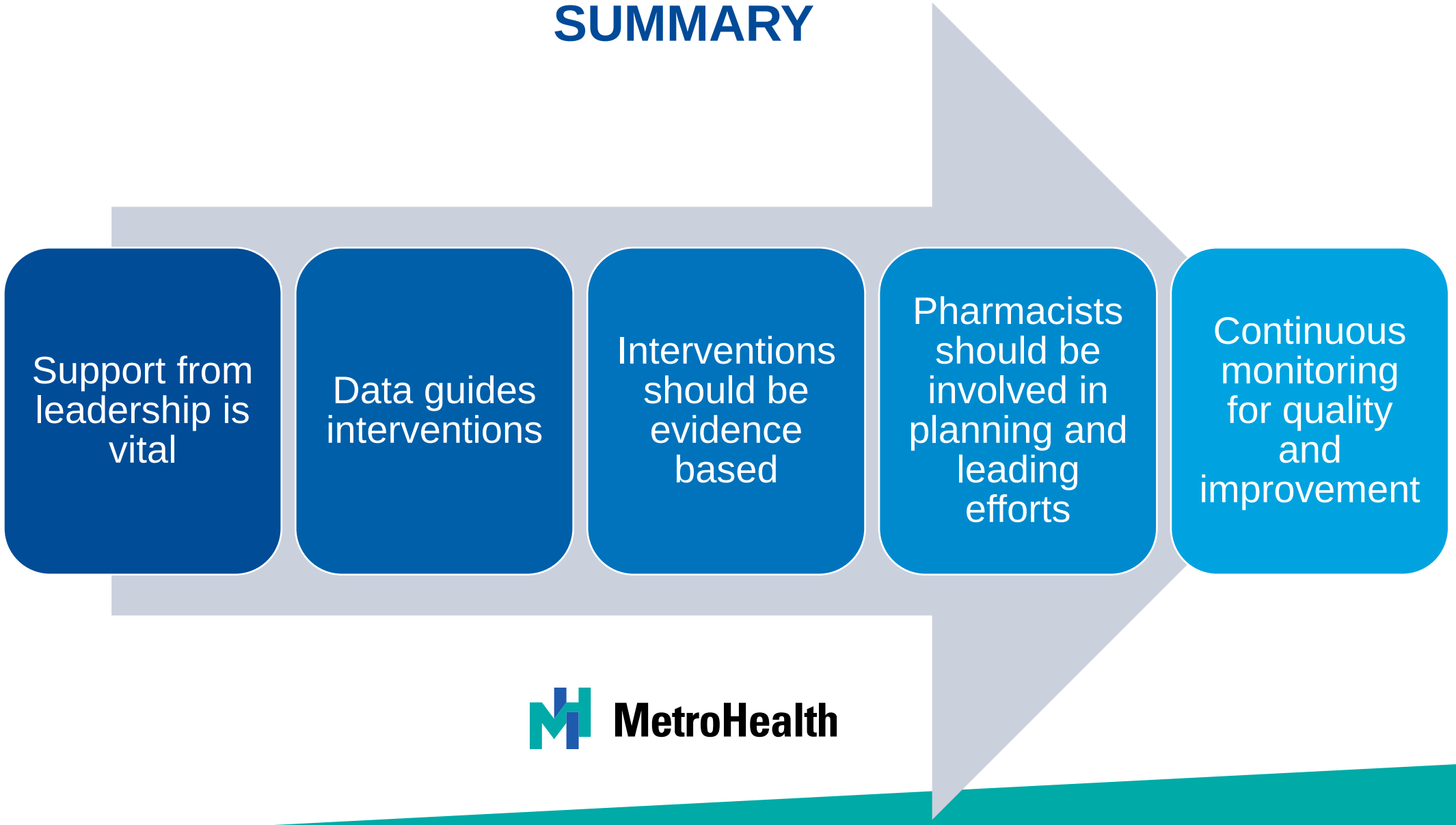
Offering a naloxone prescription can increase communication, trust and openness between patients and providers.

"By being able to offer something concrete to protect patients from the danger of overdose, I am given an opening to discuss the potential harms of opioids in a non-judgmental way."
—San Francisco primary care provider[10]

Academic Detailing Flow at MetroHealth

- One -on -one visits to be scheduled for 10-15 min with providers
- Ideally, visits are in – person at clinicians office to easily integrate into their schedule
- During COVID pandemic, visits will be virtual with video
- (Brief) Pre and post assessment of need will be conducted
- Typically, at least 2 visits will be scheduled
- Depending on need, may provide more visits

SUMMARY



MetroHealth

Next, lets hear from Aaron Marks

Voices for Recovery: Aaron Marks

Questions?

MetroHealth

MetroHealth

OPIOID STEWARDSHIP REGIONAL COORDINATORS

- Two regional coordinators
  - Jean Hurd, RN
  - Marsha Rodgers, RN
- Work one-on-one with hospitals
  - Assist with implementation of opioid stewardship programs
  - Routine contact to offer appropriate support
  - Follow-up on areas of opportunity from opioid Gap analysis
  - Provide resources and share effective practices with hospitals
  - Follow-up regarding progress towards goals
  - Identify and collect resources to share
- Continuing education programs
  - Source speakers for monthly opioid presentations
  - Obtain necessary documentation for continuing education application
  - Develop programming

OPIOID GAP ANALYSIS

Opioid Stewardship Program Leadership Assessment

1. Contact Information

Name

Title

Email Address

Hospital Name

Health System Name

* 2. State in which your hospital is located:

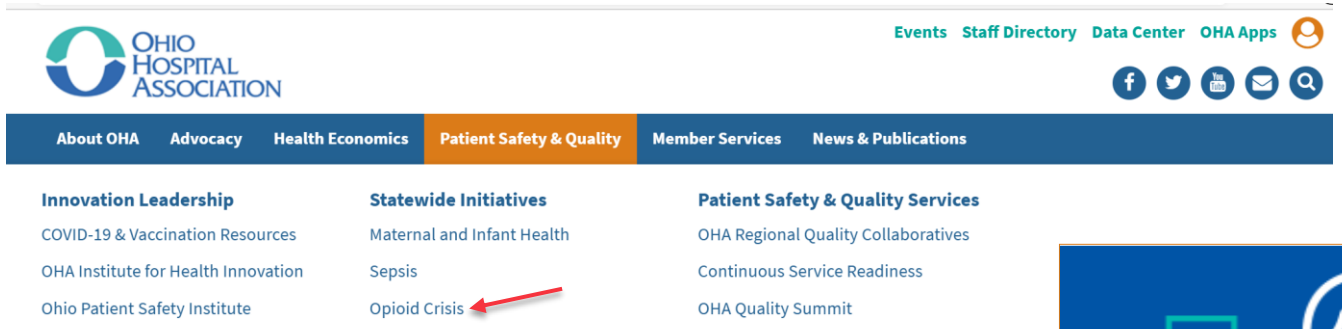
- New Jersey
- Ohio
- Pennsylvania

3. Has your facility's leadership identified opioid stewardship as a facility/system priority supported by strategic and operational planning?

- Yes
- No

https://www.surveymonkey.com/r/OPIOID2021

FOLLOW UP



OHA OPIOID WEBINAR SERIES

Located at the bottom of the page.

2021 OPIOID STEWARDSHIP WEBCAST SERIES

Opioid Stewardship: Action
October 21, 2021
11:30 a.m. – 12:30 p.m.

Opioid Stewardship: Tracking/Reporting
November 18, 2021
11:30 a.m. – 12:30 p.m.

Opioid Stewardship: Education
December 16, 2021
11:30 a.m. – 12:30 p.m.

OHA collaborates with member hospitals and health systems to ensure a healthy Ohio

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