OPIOID STEWARDSHIP: GAP ANALYSIS AND CURRENT TRENDS

Driving Opioid Safety Across Ohio

July 15, 2021

CONTINUING EDUCATION

- The link for the evaluation of today's program is: https://www.surveymonkey.com/r/Opioid7-15

- 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)

SUBMITTING QUESTIONS
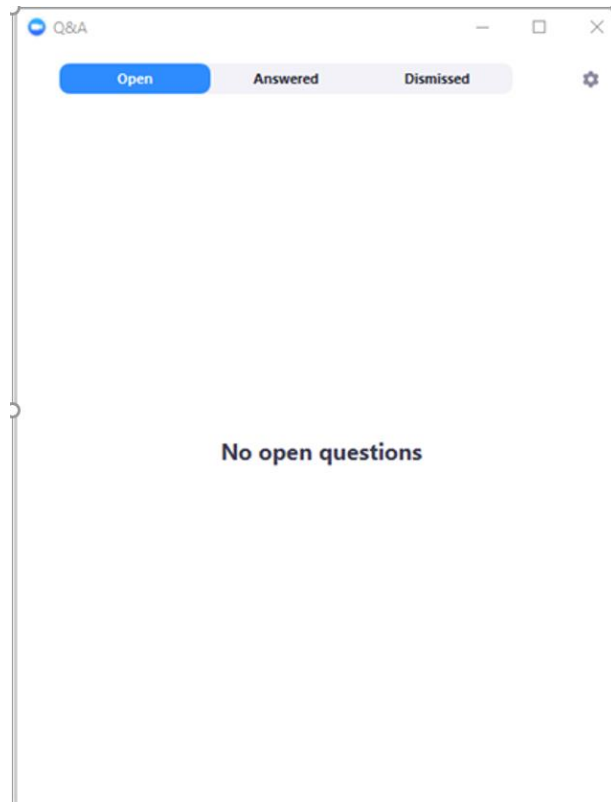
ACKNOWLEDGEMENT

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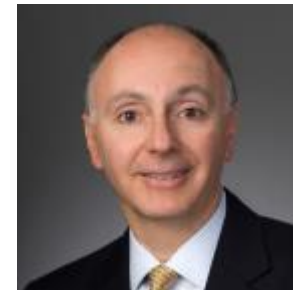
SPEAKERS

Rosalie Weakland, RN, MSN, CPHQ, FACHE, Senior Director, Quality Programs, Ohio Hospital Association/Ohio Patient Safety Institute

James Guliano, MSN, RN, NPD-BC, FACHE, Vice President, Operations &

Chief Clinical Officer, Ohio Hospital Association

Rick Massatti, PhD, MSW, MPH, LSW, Chief Bureau of SUD Treatment, National Treatment Network Representative for NASADAD, Office of Community Treatment Services, Ohio Department of Mental Health & Addiction Services
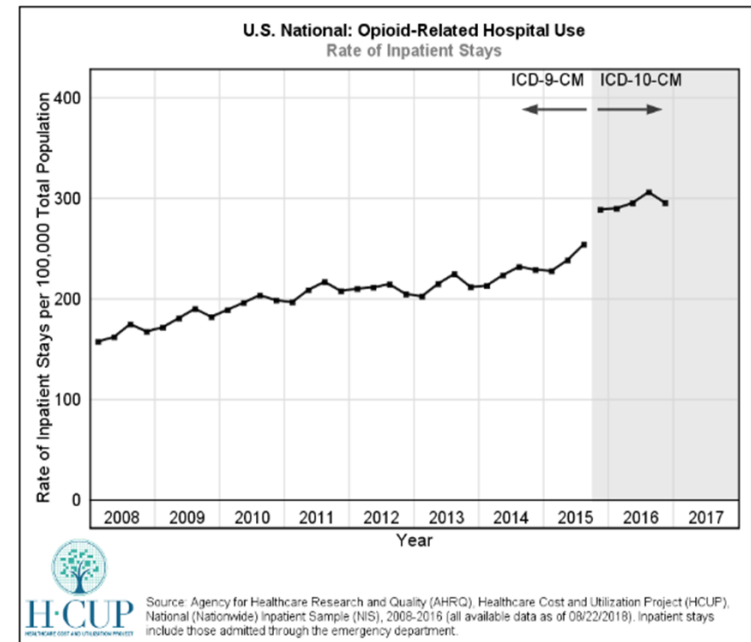
COLLABORATION TO REDUCE OPIOID-RELATED HARM
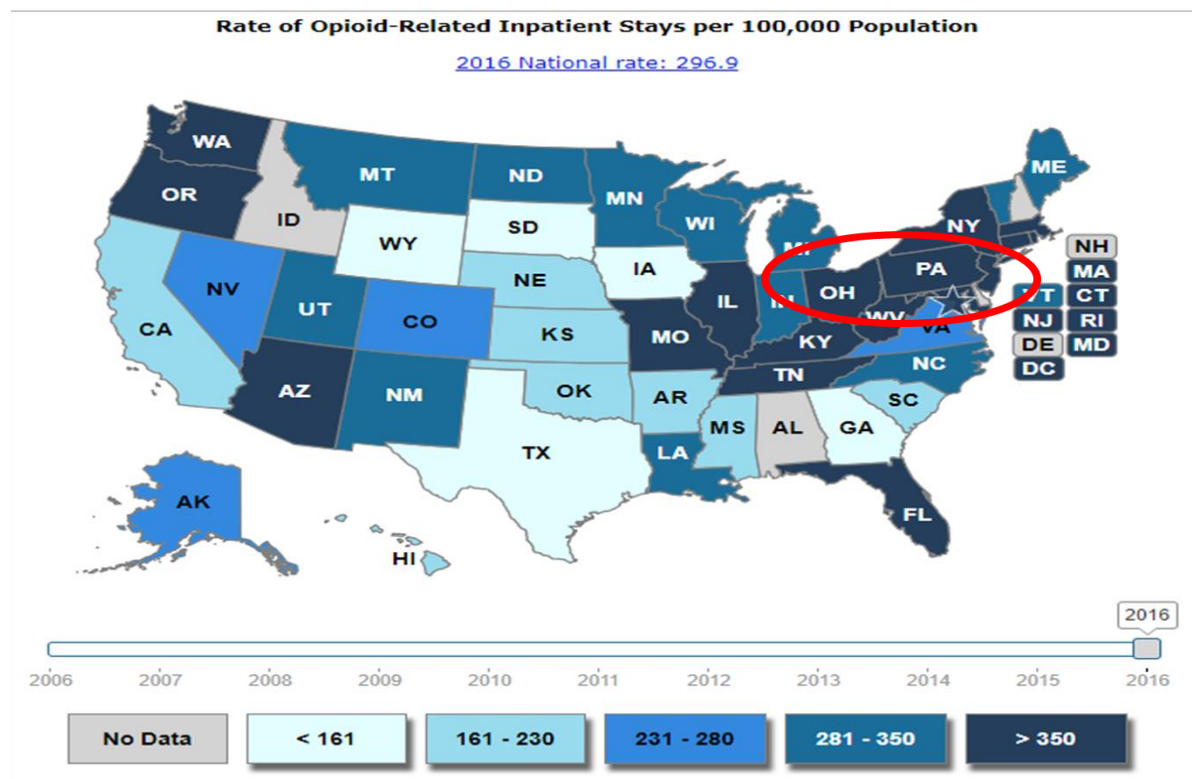
THE OPIOID CRISIS AND IMPACT

- October 2017: President declares the opioid crisis a public health emergency
- Rates of opioid-related hospital use continue to rise
- Vulnerable patients at higher risk
- Among patients aged 65 years and older, the rate of opioid-related hospitalizations increased more than the rate of nonopioid-related hospitalizations

U.S. National: Opioid-Related Hospital Use
Rate of Inpatient Stays

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), National (Nationwide) Inpatient Sample (NIS), 2008-2016 (all available data as of 08/22/2018). Inpatient stays include those admitted through the emergency department.

Source: https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet

RATE OF OPIOID-RELATED INPATIENT STAYS

- National rate: 296.9
- Ohio rate: 415.8

Rate of Opioid-Related Inpatient Stays per 100,000 Population
2016 National rate: 296.9

| No Data | < 161 | 161 - 230 | 231 - 280 | 281 - 350 | > 350 |

Source: https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet

STATE PRIORITY ACTIONS TO IMPACT OPIOID-ASSOCIATED OUTCOMES

Legal Requirement	PA	OH	NJ
Law requiring limits on prescription amounts for opioids	ED only	Yes	Yes
Prescribers required to check the Prescription Drug Monitoring Program	Yes	Yes	Yes
Law requiring electronic prescribing for opioids	proposed	No	No
Required Opioid-related CME for Physicians	Yes	Only for office-based opioid treatment	Yes
Pain management agreements required for chronic pain patients	No	No	Yes
Activity underway to support medication-assisted treatment programs	Yes	Yes	Yes

OPIOID STEWARDSHIP

An encompassing term that considers judicious and appropriate opioid prescribing, appropriate opioid disposal, diversion prevention, and management of the effects of the use of opioids, including identifying and treating opioid use disorder and reducing mortality associated with opioid overdoses. Opioid stewardship programs have been described as coordinated programs that promote appropriate use of opioid medications, improve patient outcomes and reduce misuse of opioids.

SYNERGY: GREATER IMPACT THROUGH OPIOID STEWARDSHIP

- Opioid Stewardship (OS) includes the coordinated efforts to promote appropriate use of opioids and reduce the risk of opioid use disorder along with a commitment to reduce opioid- related harm

- Design of an OS Gap Assessment
  - Regional steering committee with input from subject matter experts
  - Review of related literature and existing assessments

SYNERGY: GREATER IMPACT THROUGH OS

- Key focus areas:
  - Health care leadership and commitment
  - Communication and policy
  - Physician and staff engagement and education
  - Policies and processes to ensure safe and appropriate prescribing
  - Use of alternatives to opioids when appropriate
  - Health care-acquired condition reduction strategies
  - Measuring outcomes and providing feedback
  - Patient and family engagement
  - Medication assisted treatment
- Administration of assessment to acute care hospitals
- 105 hospitals targeted
- 96% Response rate

LEADERSHIP ASSESSMENT

- Facility/system priority supported by strategic and operational planning

- Financially support as a unique budgeted line item

- Has an OS Program Committee

- Identified a physician leader responsible for OS Program outcomes

COMMUNICATION & POLICY ASSESSMENT

– Opioid prescribing policies:

- part of facility's defined list of high alert medications
- based on evidence-based guidelines
- reviewed at least every two (2) years
- protocols/order sets in the EMR
- clinical decision tools integrated into the EMR (guidelines, algorithms)

– Communication:

- EMR order entry process alert prescribers for duplicate medication class orders for pain medication
- has a standard process in place to communicate changes in opioid use practice/ policy to staff
- pain and opioid assessment findings communicated in a standardized way during staff shift handoffs

SEPARATE POLICY ASSESSMENT

- Management of opioid overdose that occurs in the healthcare facility
- Opioid prescribing in the pediatric settings
- Opioid prescribing in the maternal/child settings
- Management of maternal patients with opioid use disorder (OUD)
- Opioid prescribing for patients with active cancer
- Opioid alternatives for management of chronic pain

- Opioid prescribing for opioid-naïve patients
- Management of patients with complex pain
- Management of patients withdrawing from opioids
- Referral services/support for patients discharged on opioid therapy
- Standardized opioid safety assessment tool to assess risk for opioid and pain-related complications
- Requires pain assessments prior to, during, and post the administration of opioids

POLICIES BY SETTING

16. Indicate for which of the practices below your facility has standard policies or protocols in place in the inpatient, emergency department, and ambulatory care settings:

	Inpatient	Emergency Department	Ambulatory Care
How opioids may be prescribed	☐	☐	☐
How opioids may be prepared	☐	☐	☐
How opioids may be administered	☐	☐	☐
How opioids may be dispensed upon patient discharge (e.g. bedside medication delivery via retail pharmacy)	☐	☐	☐
How patients are monitored while receiving opioids	☐	☐	☐

OS PROGRAM MANAGEMENT

- Naloxone prescribed whenever opioid is prescribed to a patient

- Has a naloxone dispensing mechanism in place

- Adheres to its standardized naloxone-prescribing program for patients at an increased risk of opioid overdose

- Directly provides or has a structured referral process for provision of post-discharge pain management

- Uses telehealth technology solutions to provide pain management care to patients

- Uses a screening tool to assess for the risk of opioid use disorder for patients being prescribed opioids

MEDICATION ASSISTED TREATMENT

- Indicate which of the following your facility has on formulary:
  - Buprenorphine
  - Methadone

- Indicate which of the following Medication-assisted treatment (MAT) options your facility provides:
  - prescribing of Buprenorphine in the emergency department
  - prescribing of methadone in the emergency department
  - neither prescribing of Buprenorphine nor methadone

- Does your organization provide Buprenorphine training? If so, then who is training provided to?

PFE INVOLVEMENT IN OS PROGRAM

- Is your facility's Patient and Family Advisory Council (PFAC) consulted regarding facility-wide opioid clinical practices?

- Indicate which of the following your facility includes in its utilization of pain management plans:
  - shared decision making with the patient
  - inclusion of a designated family member
  - engagement of an interdisciplinary team
  - N/A - my facility does not include any of the above

OPIOID SURVEY RESULTS

DATA REVIEW

- The following slides consist of data aggregated from Ohio hospitals

RESULTS: LEADING INDICATORS

Requires pain assessment prior to, during and post administration of opioids

27.3

72.7
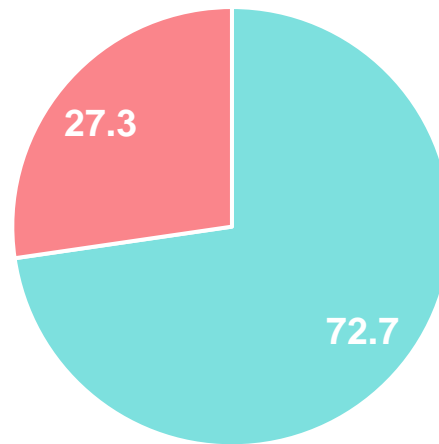
■ Yes ■ No

Policy Regarding How to Monitor Patients Receiving Opioids

Data source: aggregate OH HIIN opioid assessment responses
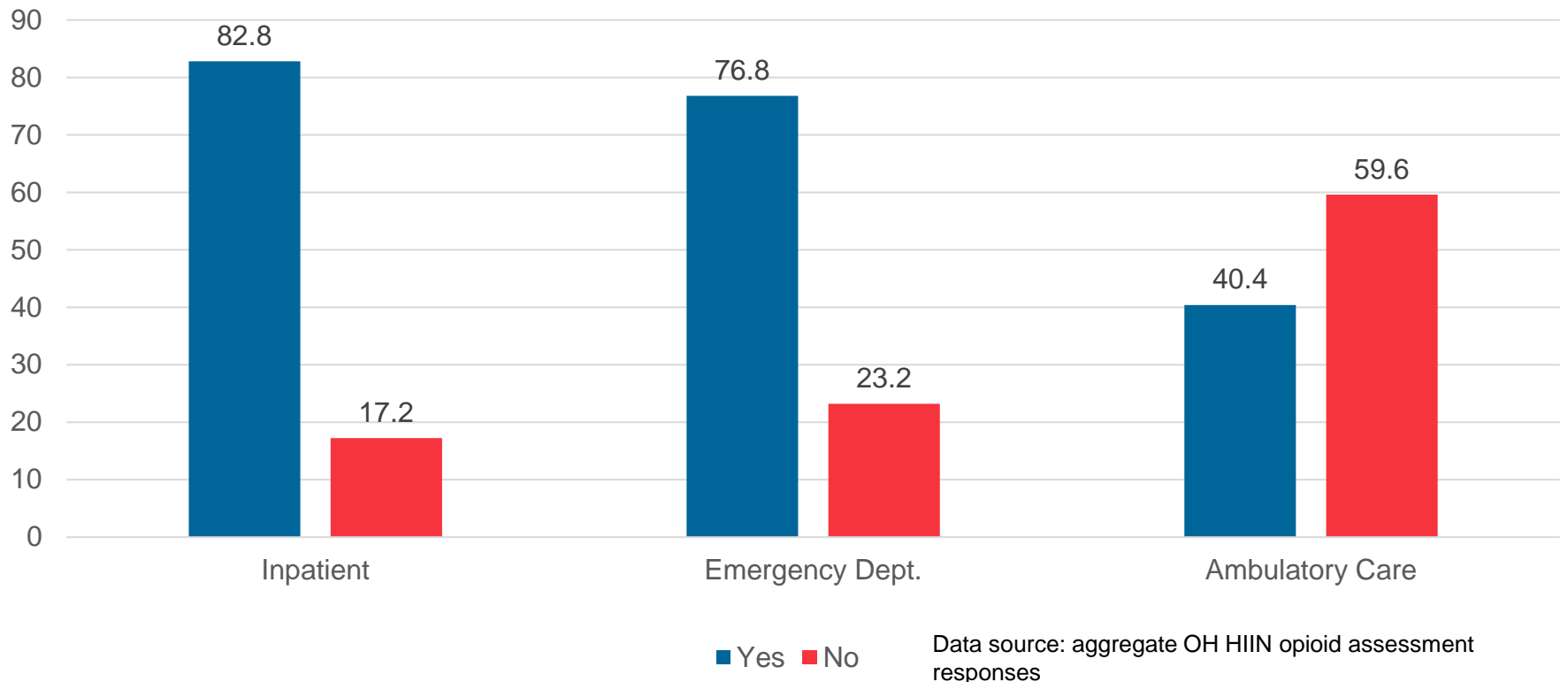
In Facility's Formulary
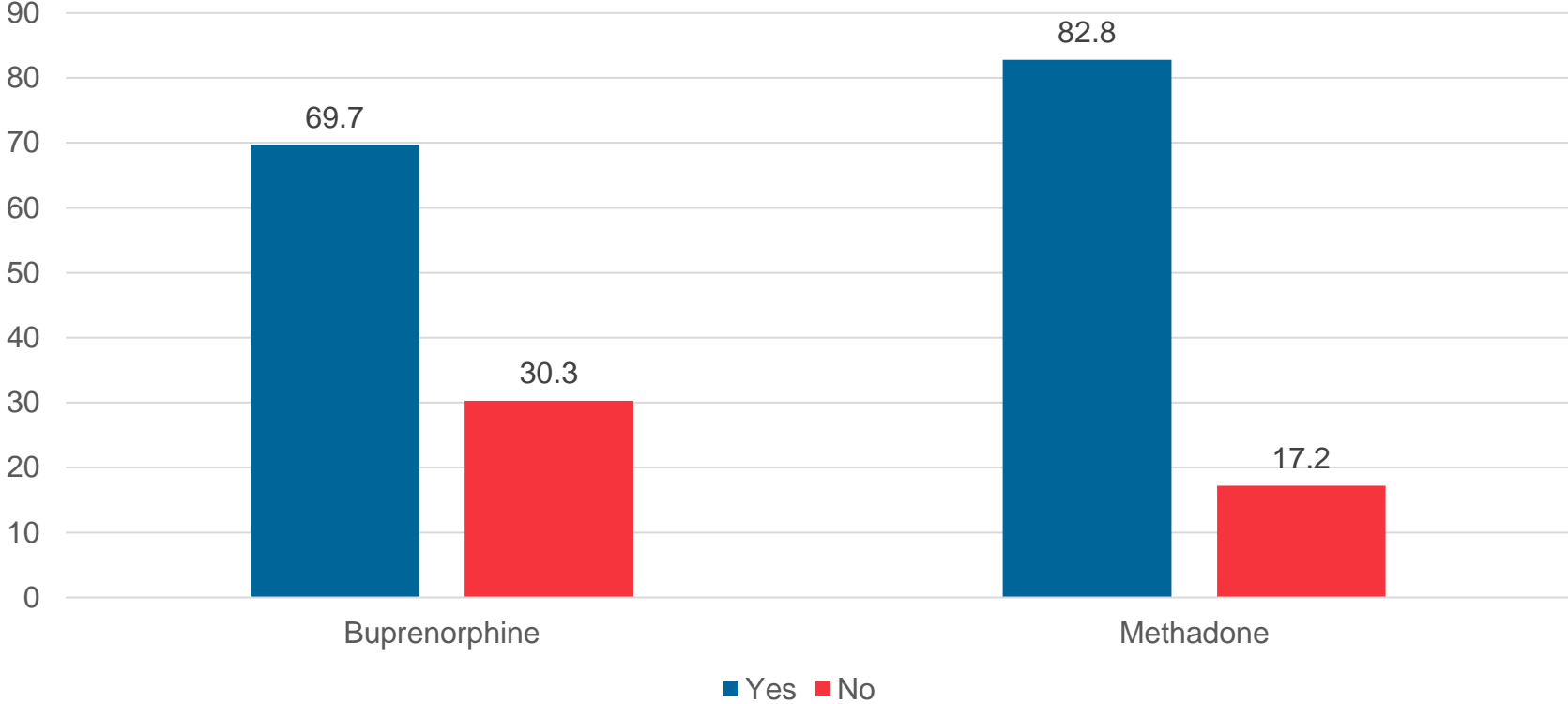
Data source: aggregate OH HIIN opioid assessment responses

Results: Lagging Indicators

Frequency of comprehensive opioid stewardship education for all clinicians

Legend: ■ No answer ■ Never ■ Q 2-3 years ■ Annually

Pie values: 20, 46, 19, 14
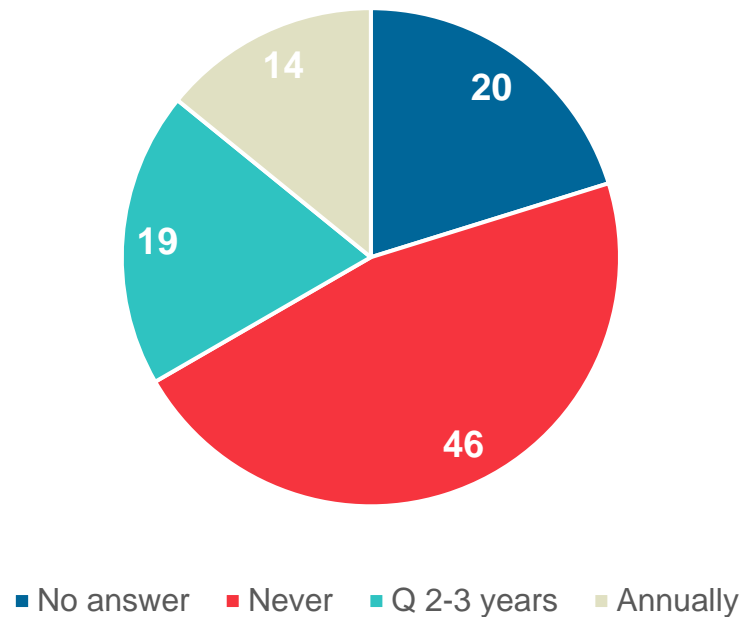
Data source: aggregate OH HIIN opioid assessment responses

Your Emergency Department Provides the Following Medication Assisted Treatment (MAT)
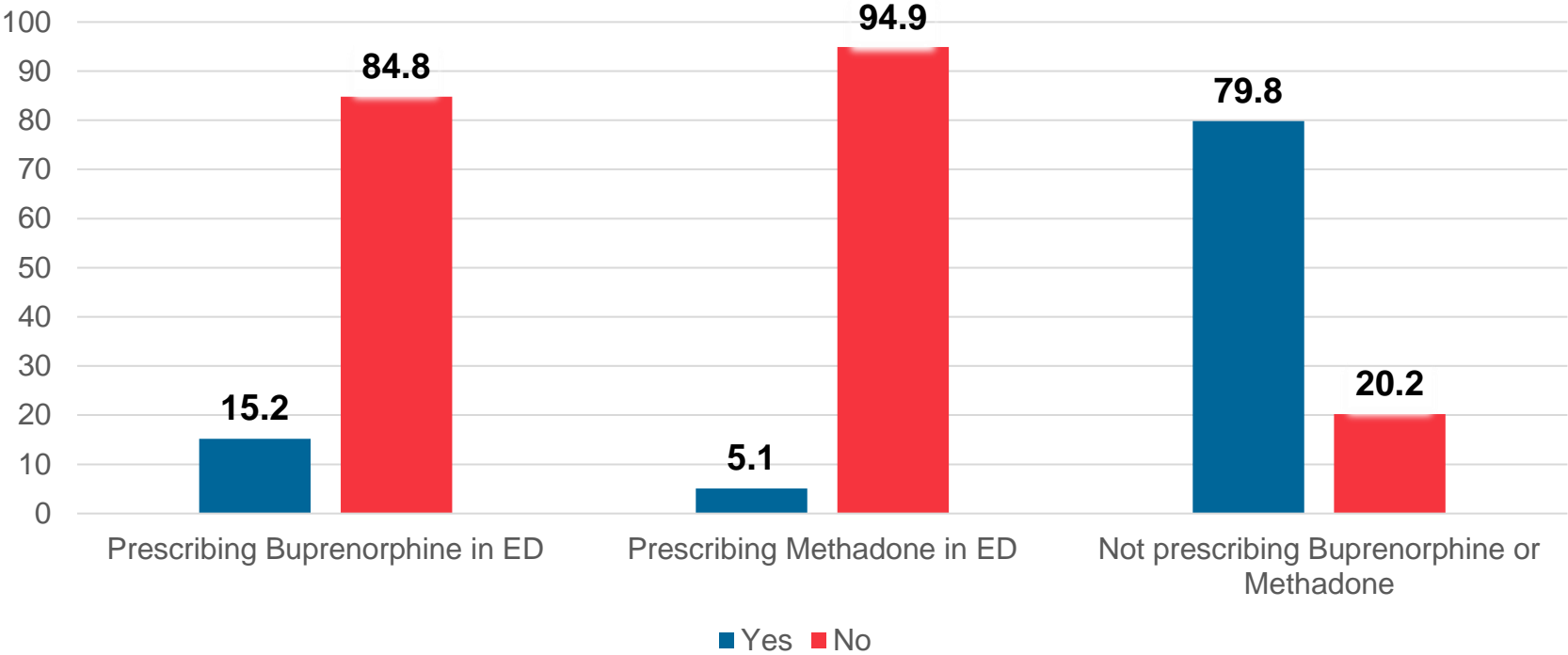
Data source: aggregate OH HIIN opioid assessment responses

Facility Has Opioid Policies Addressing:
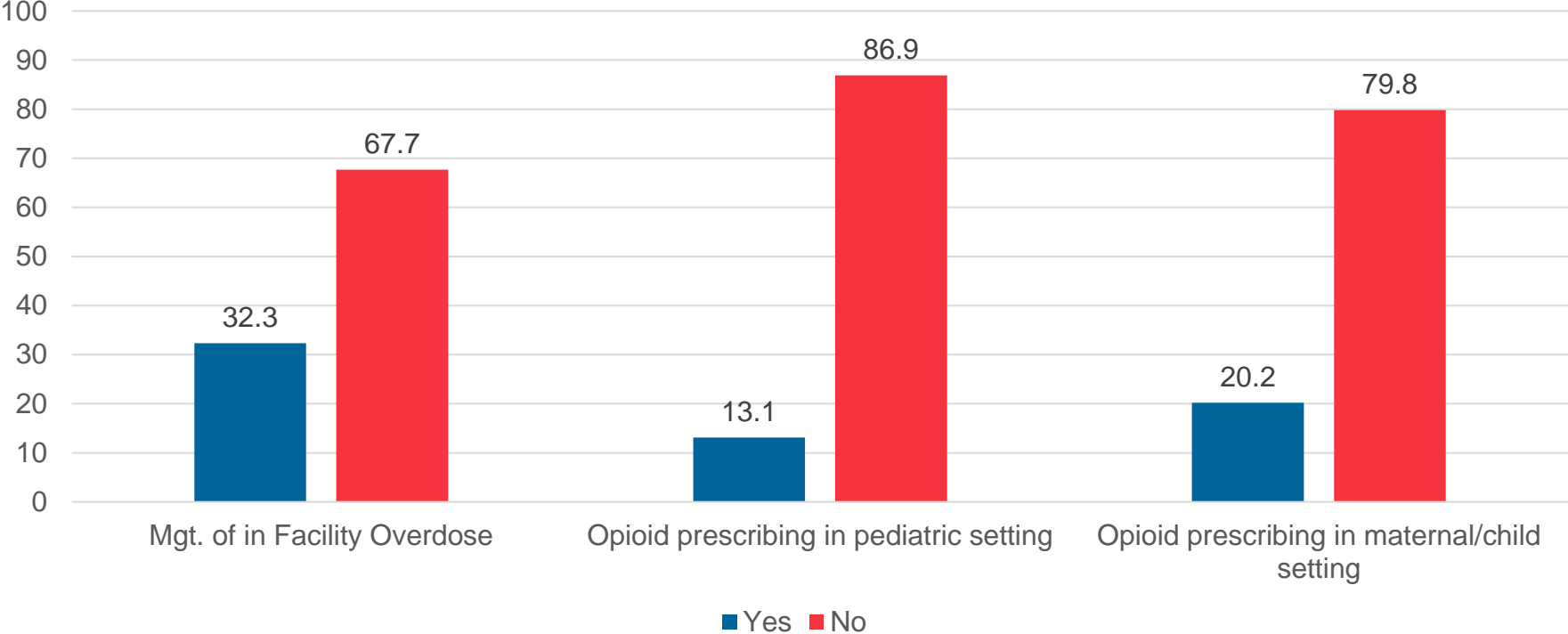
Data source: aggregate OH opioid measurement data

PFAC consulted regarding facility-wide opioid clinical practices

■ Yes ■ No ■ No Answer
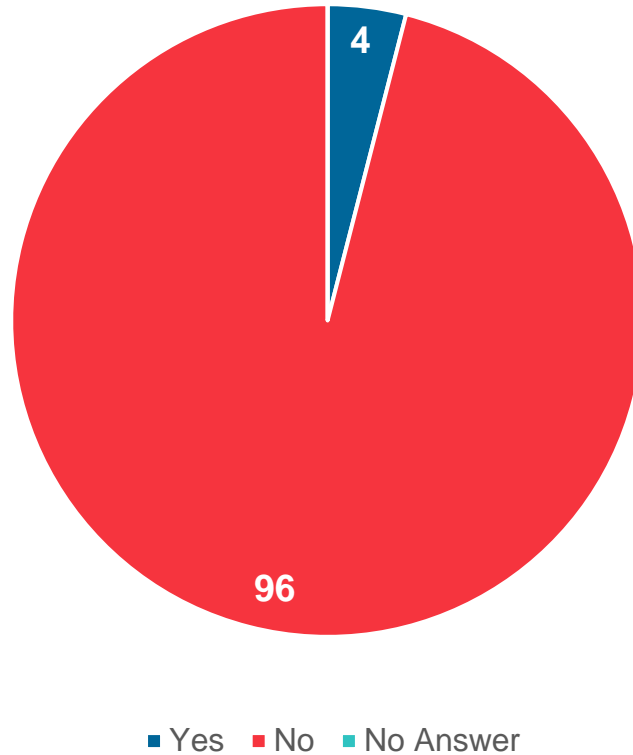
Data source: aggregate OH HIIN opioid assessment responses

Frequency of Communication Techniques Education for all Clinicians

17

38

23

21

■ No Answer ■ Never ■ Q 2-3 years ■ Annualy
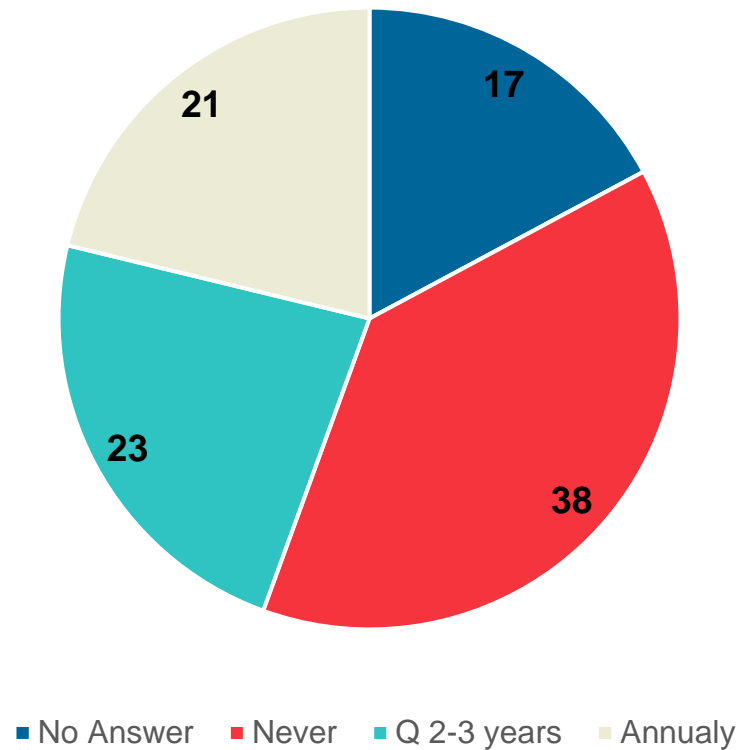
Data source: aggregate OH HIIN opioid assessment responses

Included in Pain Management Plans

Data source: aggregate OH HIIN opioid assessment responses
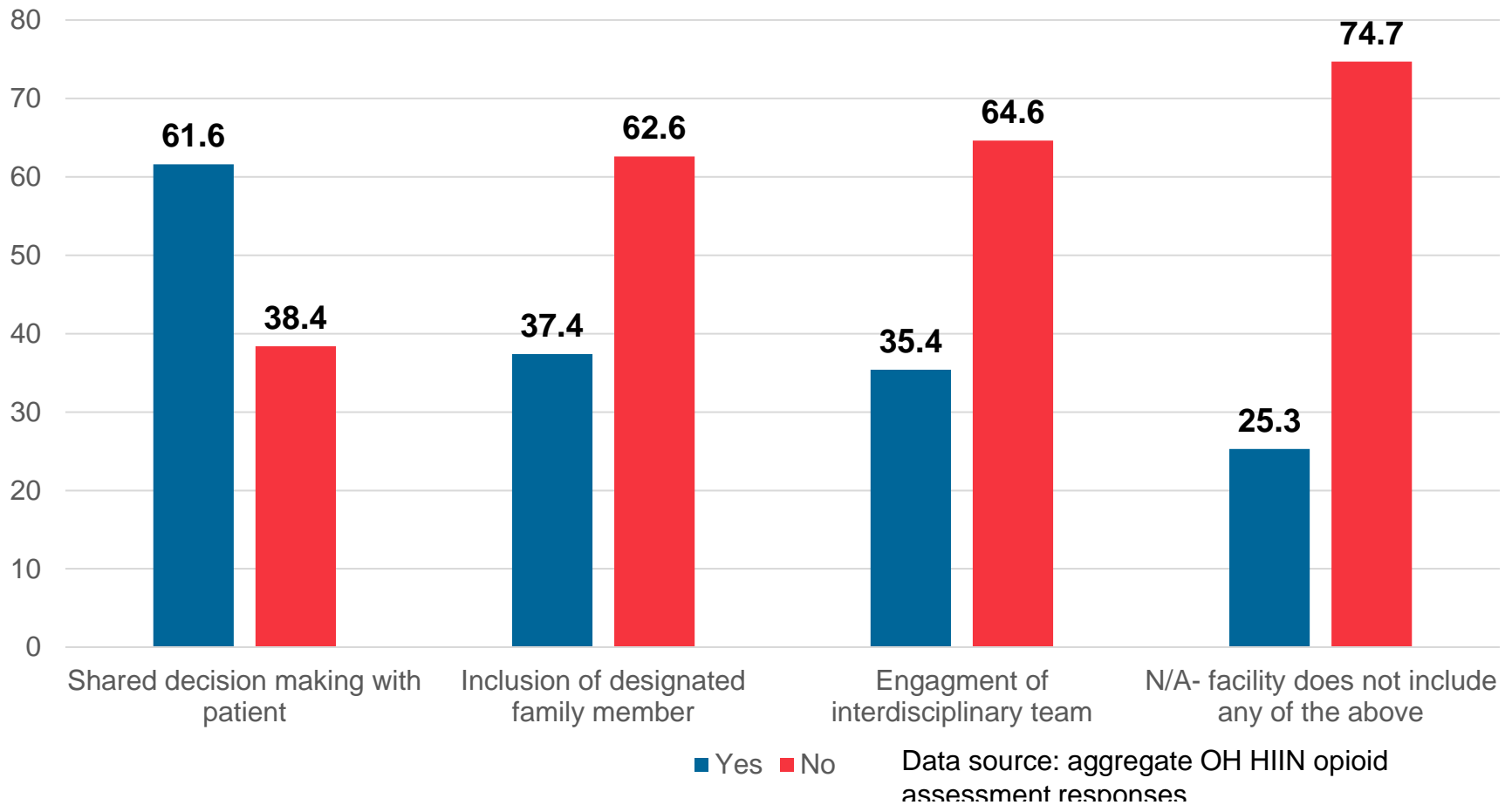
Recommendations

- Provide more clarification of some questions (i.e. naloxone prescribing question)

- Develop question(s) for further deeper dive on why MAT not implemented

- Be clear that one person completes for i.e. lead pharmacist or medical director

- Utilize survey tool as gap assessment and identify possible future programming or follow-up deeper dives https://www.surveymonkey.com/r/OPIOID2021

REGIONAL APPROACH TO IMPROVING HEALTH OUTCOMES ACROSS CARE SETTINGS

- Hospital focused large-scale improvement work
  - Data driven actions (identify opportunities for improvement)
  - Education of health care providers
  - Model for improvement (plan-do-study-act)
  - Implement tests of change
  - Engagement of patients and families
  - Sustainment of interventions
- Engagement of providers across care settings
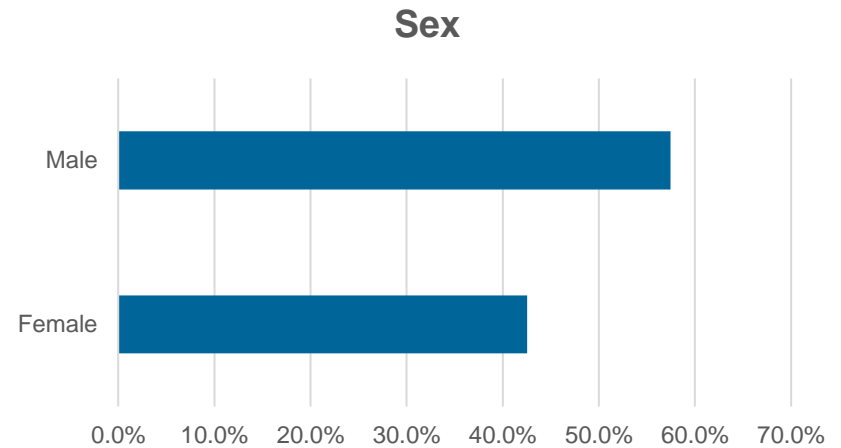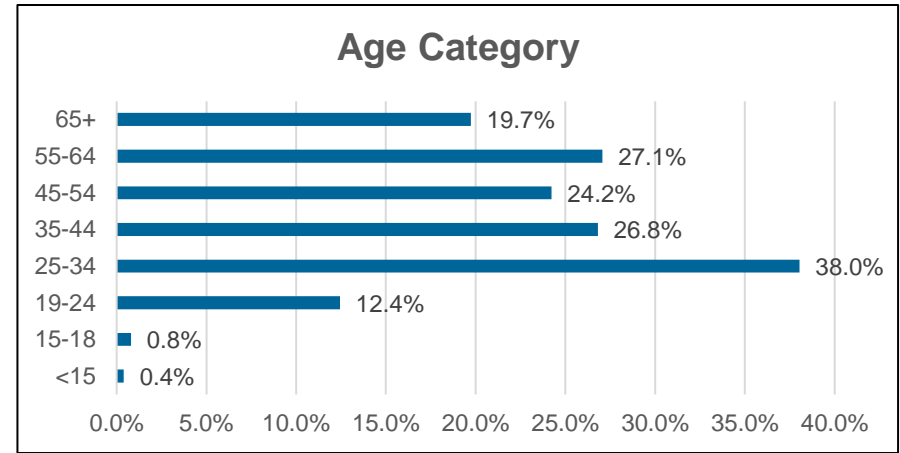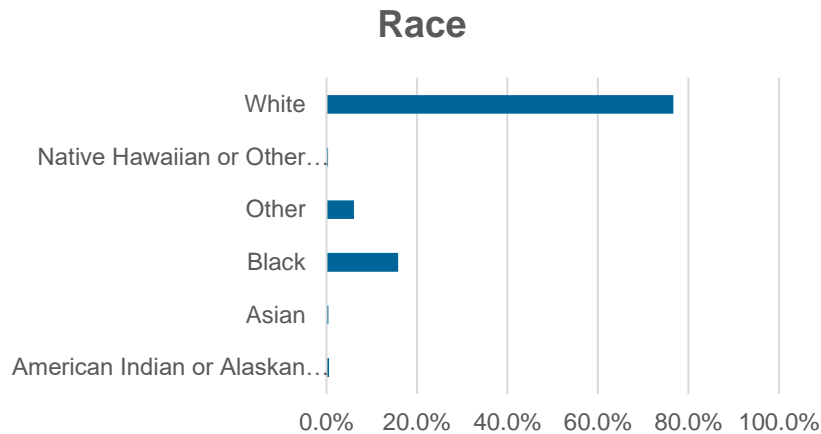- Working with community coalitions to improve public health

OPIOID STEWARDSHIP EFFORTS
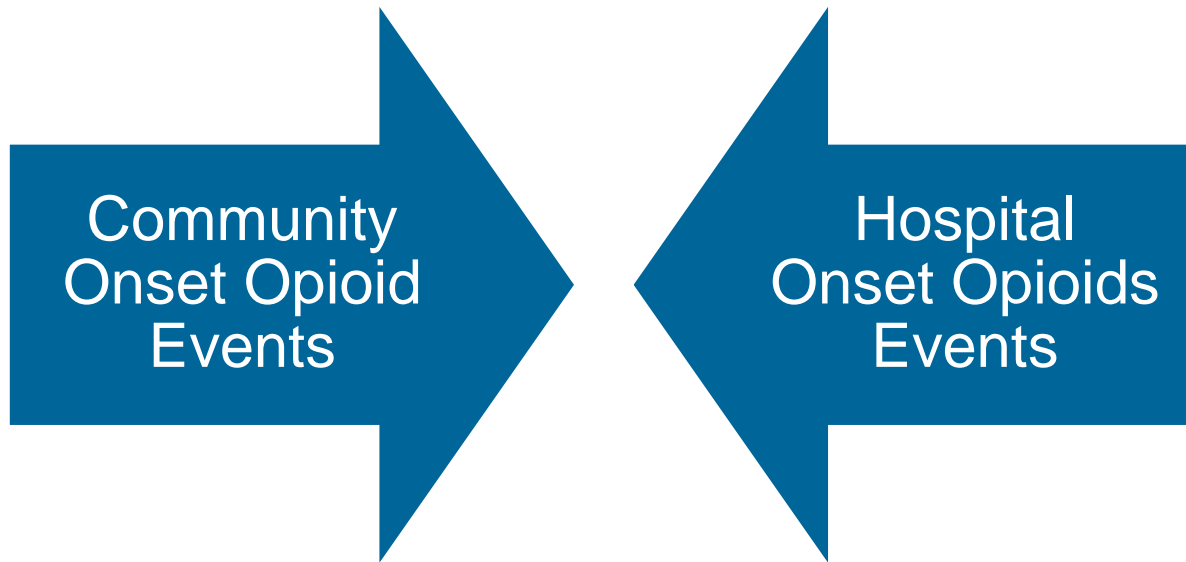
Community Onset Opioid Events

Hospital Onset Opioids Events

COMMUNITY ONSET OPIOID EVENTS (POA)

Number of Hospitalizations Attributed to Non-Fatal Opioid Poisoning
per 1,000 Total Discharges

COMMUNITY ONSET OPIOID EVENTS (POA)

Age Category

Age	Percent
65+	19.7%
55-64	27.1%
45-54	24.2%
35-44	26.8%
25-34	38.0%
19-24	12.4%
15-18	0.8%
<15	0.4%

Race
- White
- Native Hawaiian or Other...
- Other
- Black
- Asian
- American Indian or Alaskan...

Sex
- Male
- Female
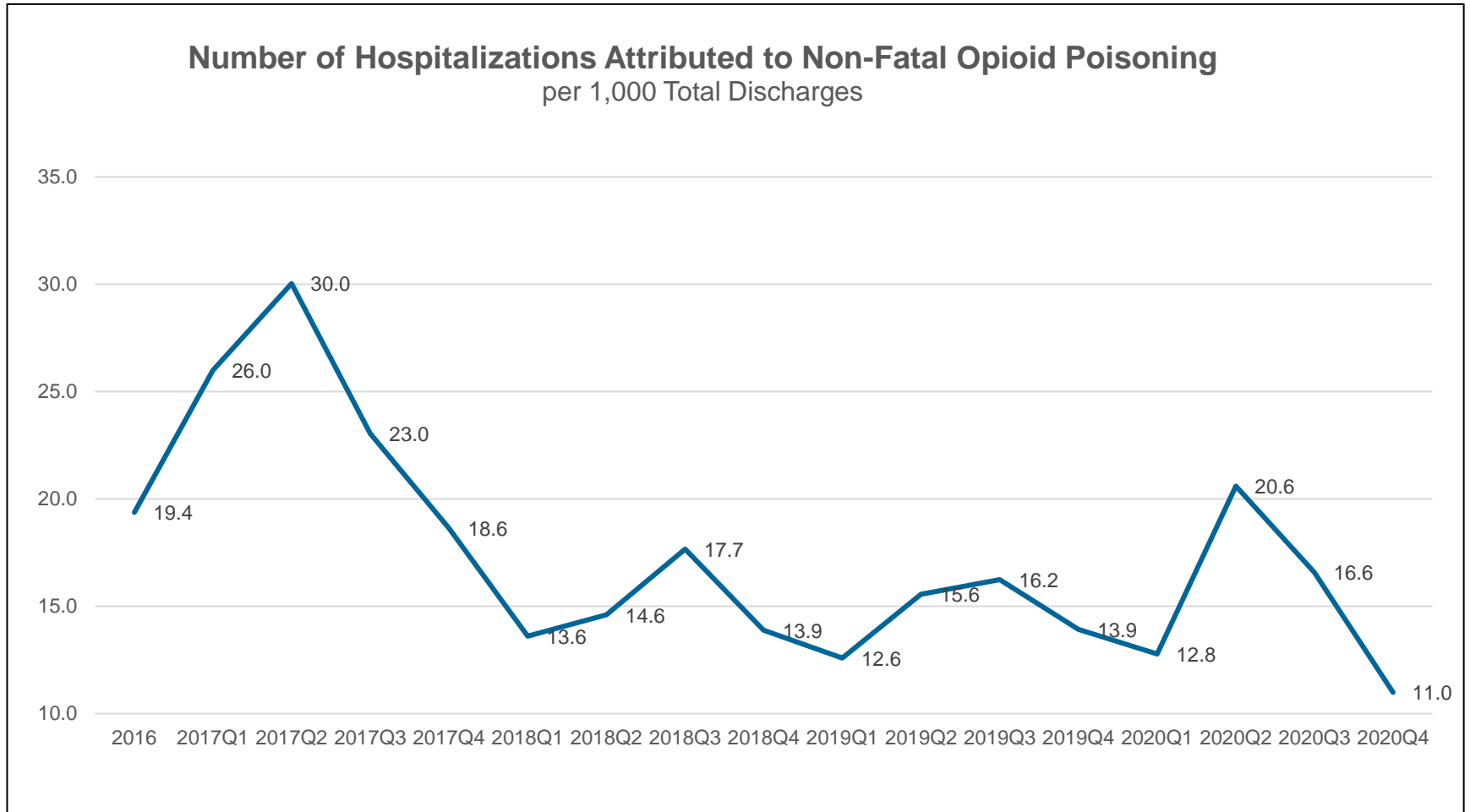
Data source: aggregate OH HIIN opioid measurement data

INPATIENT OPIOID EVENTS (NON POA)

Inpatient NPOA Opioid Events at Ohio Hospitals
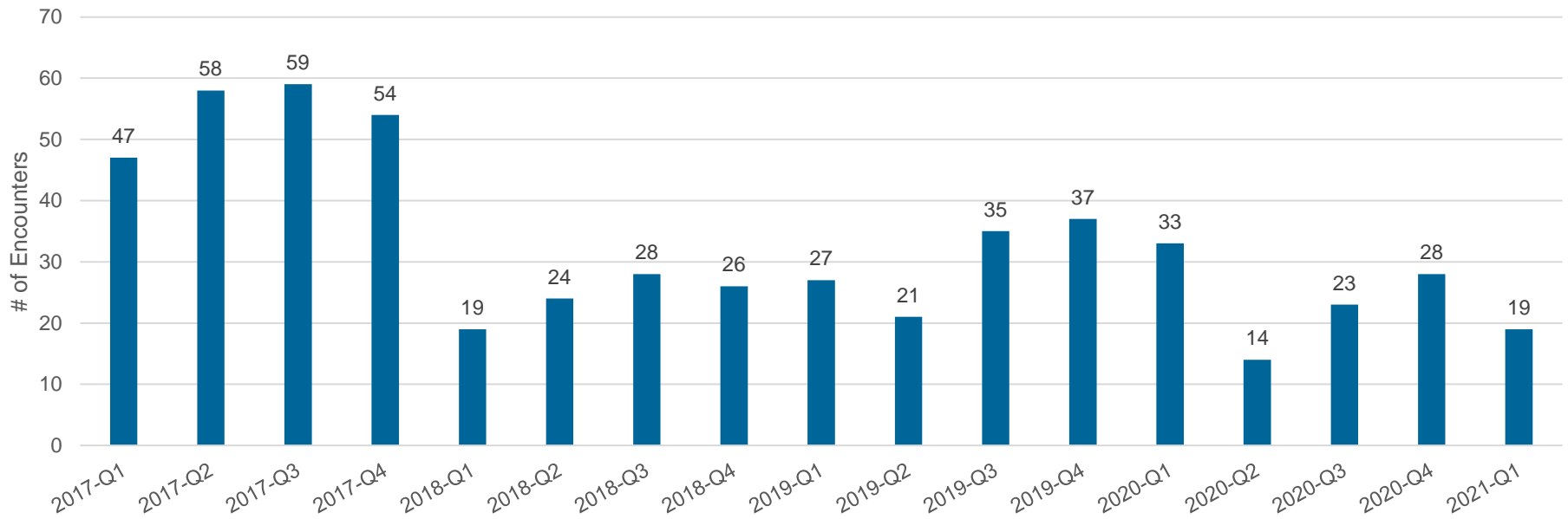
HIIN INPATIENT OPIOID EVENTS (NON POA)

Inpatient Opioid Events by Age Category
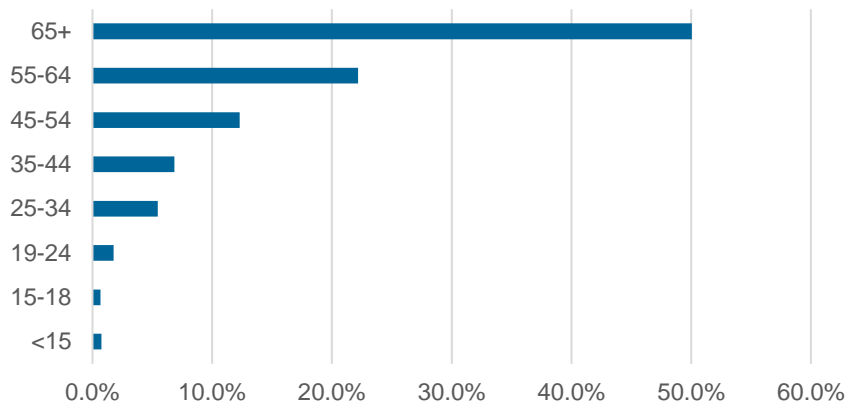
Inpatient Opioid Events by Race
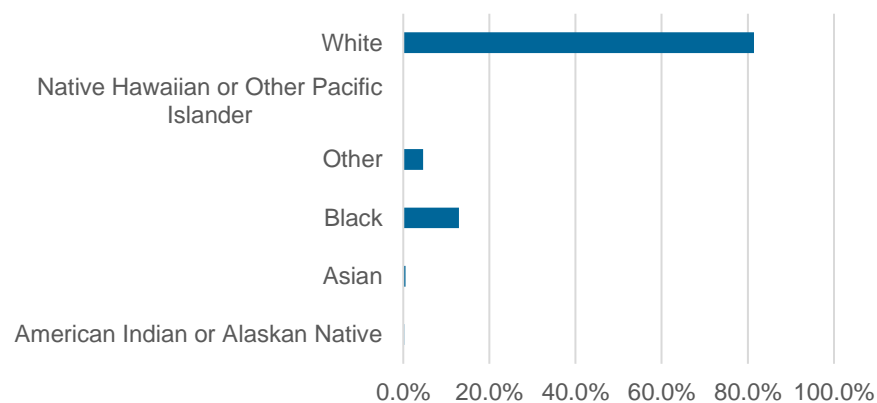
Inpatient Opioid Events by Sex

Male 41.2%

Female 58.8%
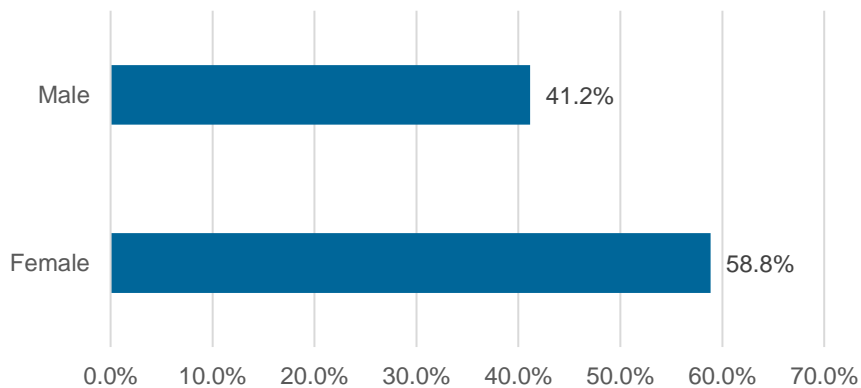
Data source: aggregate OH HIIN opioid measurement data

TOP 3 DIAGNOSIS CODES TO HAVE AN INPATIENT OPIOID ADE - BY VOLUME

Ranking of Diagnosis by Volume	2016	2017	2018	2019
#1	Osteoarthritis, Knee Bilateral	Osteoarthritis, Knee Bilateral	Osteoarthritis, Knee Bilateral	Osteoarthritis, Knee Bilateral
#2	Spinal stenosis	Sepsis, unspecified organism	Sepsis, unspecified organism	Sepsis, unspecified organism
#3	Sepsis, unspecified organism	Spinal stenosis	Spinal stenosis	Spinal stenosis

Data source: aggregate NJ,OH,PA HIIN opioid measurement data

Mike DeWine, *Governor*
Lori Criss, *Director, OhioMHAS*

Current Trends in the Opioid Crisis
July 15, 2021

Dr. Richard Massatti
Chief, Bureau of SUD Treatment

The National Opioid Crisis

- Due to both an increase in and deaths from opioid overdose, the Department of Health and Human Services declared a National Public Health Emergency in 2017.

- A five-point strategy was developed to focus on addressing the needs of the crisis.

- This comprehensive strategy focused on addressing key areas in prevention, treatment, and recovery.

THE OPIOID EPIDEMIC BY THE NUMBERS

70,630 people died from drug overdose in 2019[2]

10.1 million people misused prescription opioids in the past year[1]

1.6 million people had an opioid use disorder in the past year[1]

2 million people used methamphetamine in the past year[1]

745,000 people used heroin in the past year[1]

50,000 people used heroin for the first time[1]

1.6 million people misused prescription pain relievers for the first time[1]

14,480 deaths attributed to overdosing on heroin (in 12-month period ending June 2020)[3]

48,006 deaths attributed to overdosing on synthetic opioids other than methadone (in 12-month period ending June 2020)[3]

SOURCES

1. 2019 National Survey on Drug Use and Health, 2020.
2. NCHS Data Brief No. 394, December 2020.
3. NCHS, National Vital Statistics System. Provisional drug overdose death counts.

Updated February 2021. For more information, visit: http://www.hhs.gov/opioids/

HHS.GOV/OPIOIDS

Governor DeWine

"We must help those struggling with mental illness or substance use disorders by giving them a system that provides quality treatment on demand. And, we must build recovery-friendly communities that support and promote health and wellness to ensure all Ohioans can live long, productive lives."

From the RecoveryOhio Advisory Council Initial Report, March 2019

Understanding the Pandemic-Related "Surge"
of Mental Health and Substance Use Problems

- A "surge" in behavioral health issues is normal following a natural disaster or traumatic event.

- An increase in stress, anxiety, and depression can lead to greater use of alcohol and other drugs to cope.

- This can further worsen the situation for those with pre-existing mental health and substance use disorders

Ohio as Compared to the Nation

September 2019 to September 2020 Provisional Percent Change in Drug Overdose Deaths

Percent change for the **United States**: Predicted Increase of **29.4%**

Percent change for **Ohio**: Predicted Increase of **21.9%**

Based on data available for analysis on 7/4/2021. Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States

Select Jurisdiction
United States

○ Predicted Value
■ Reported Value
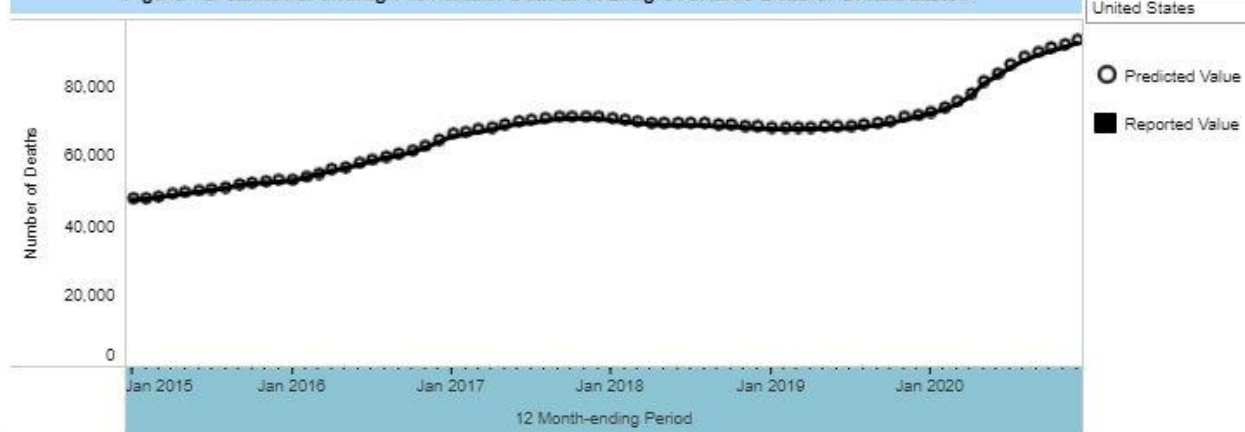
Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020

Select predicted or reported number of deaths
● Predicted
○ Reported

New York City

District of Columbia

Percent Change for United States

29.4 ▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods
-15.9 _____ 63.6

Number and Age-Adjusted Rate of Unintentional Drug Overdose Deaths by Year, Ohio, 2010-2020*
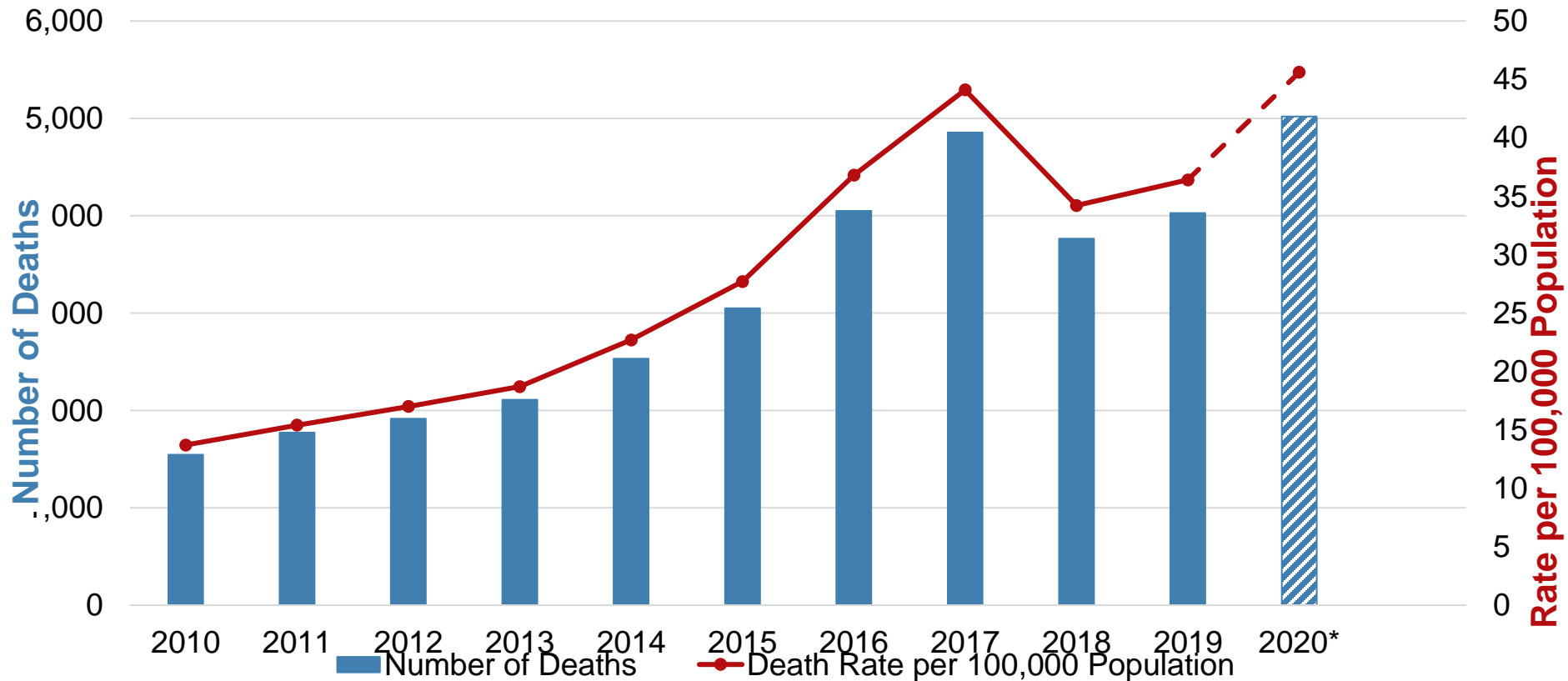
Unclassified//For Official Use Only (U//FOUO)

Number of Unintentional Drug Overdose Deaths by Month and Year, Ohio, 2017-2020*
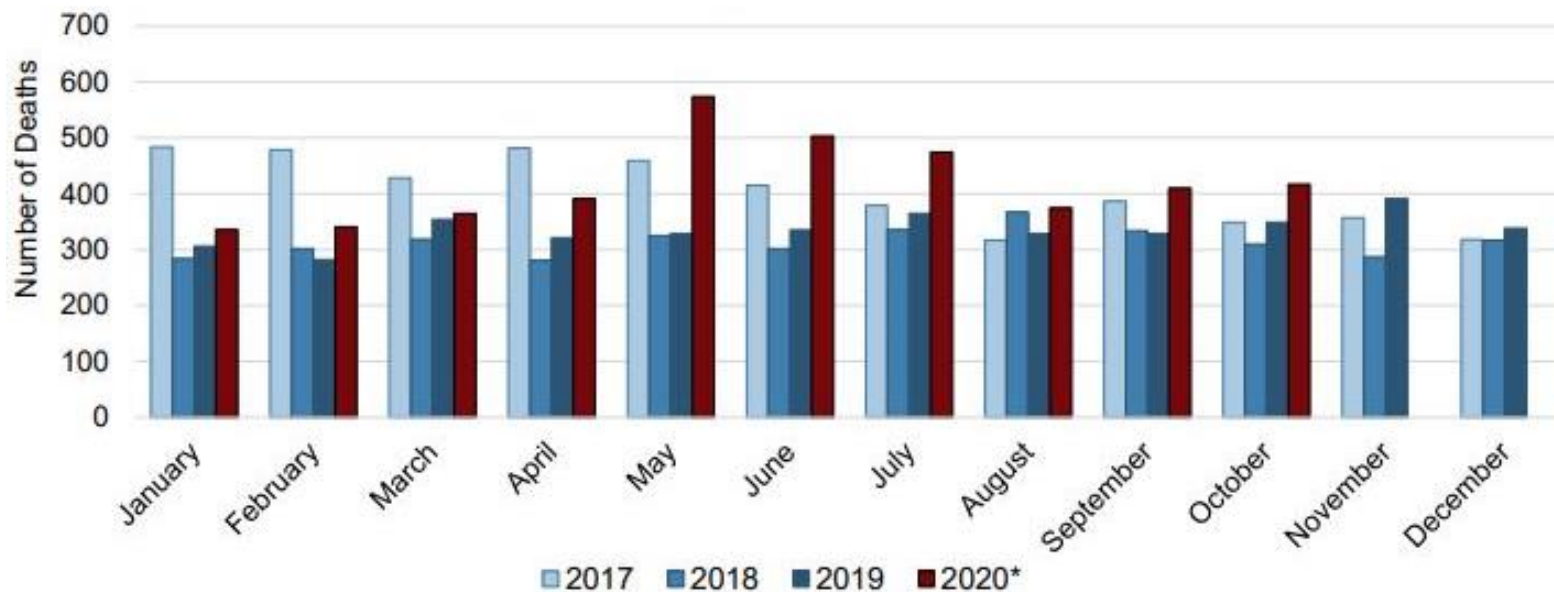
*Preliminary data for 2020
Available from: Preliminary Data Summary: Ohio Unintentional Drug Overdose Deaths (May 2021)
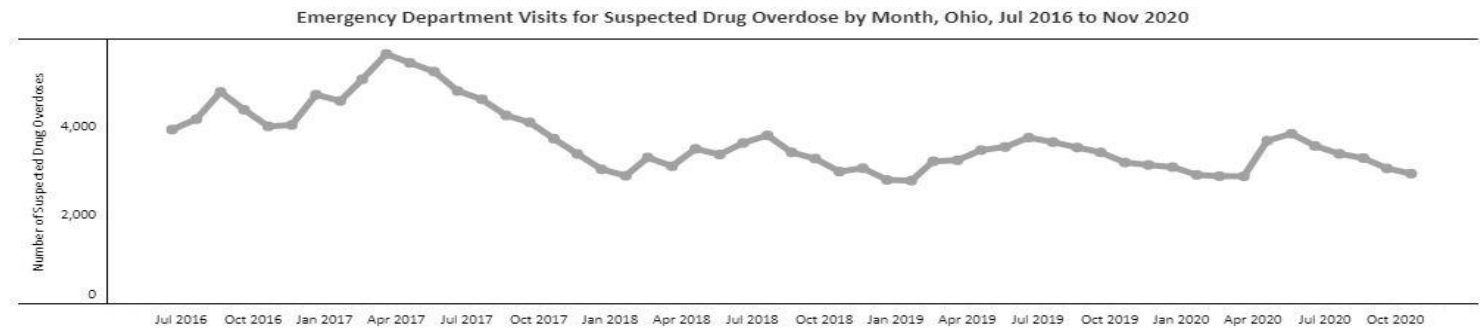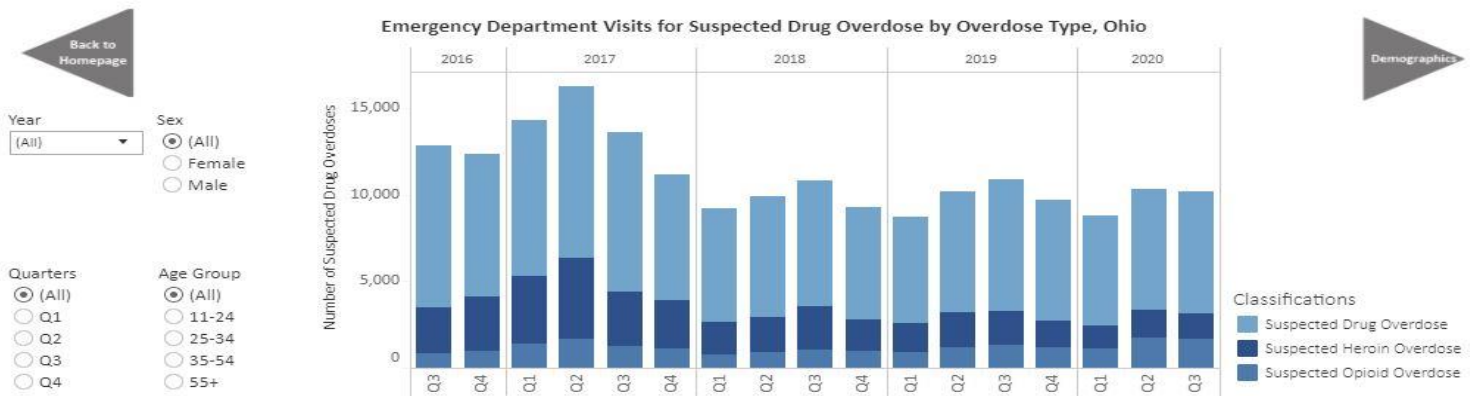https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/

Number of Unintentional Drug Overdose Deaths Involving Select Drugs, Ohio, 2014-2019

Emergency Department Visits for Suspected Drug Overdose Among Ohio Residents Ages 11 Years and Older

*2020 data collection is preliminary and ongoing
Data Source: EpiCenter - Syndromic Surveillance System.
Available at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/suspected-od-dashboard2
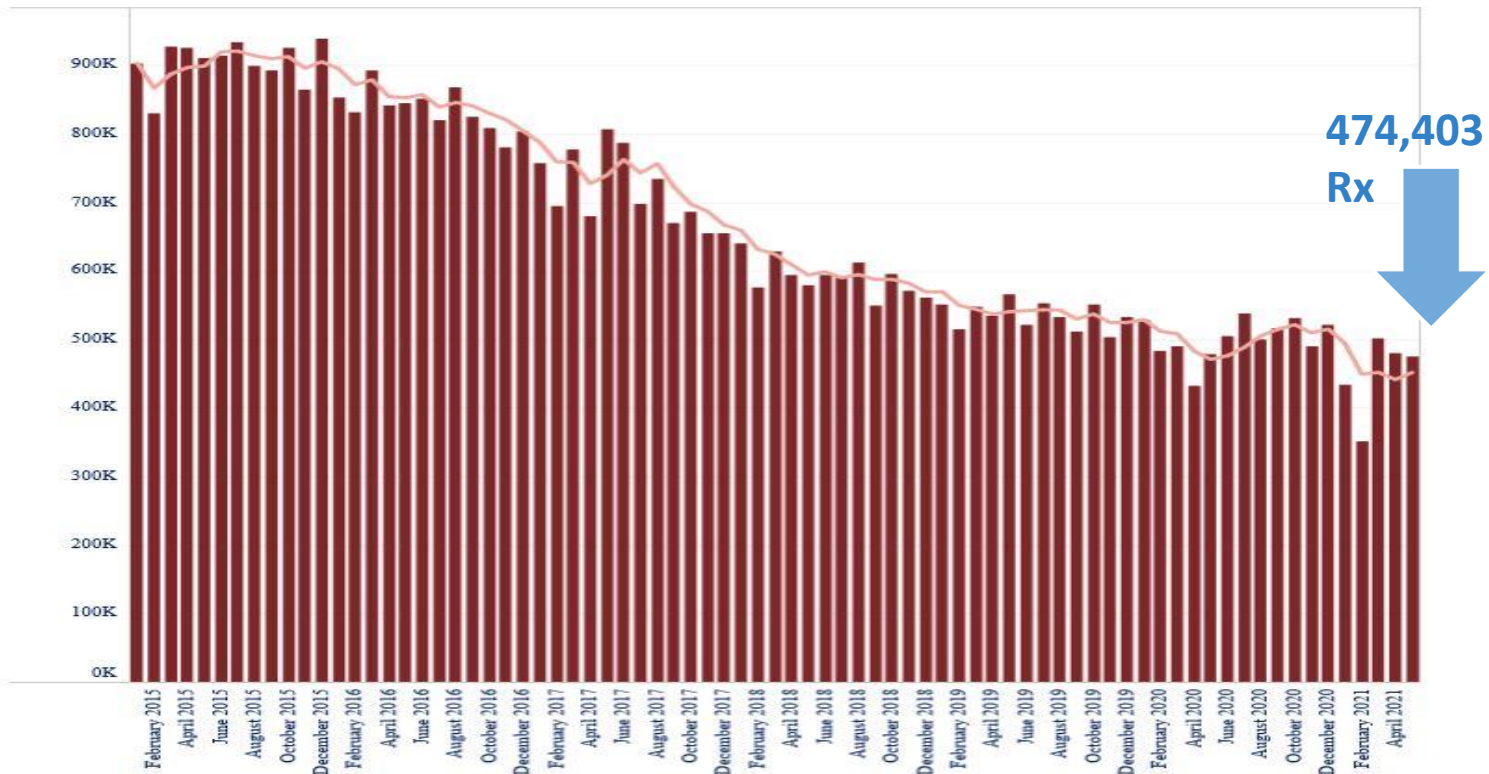
Patients with Opioid Rx

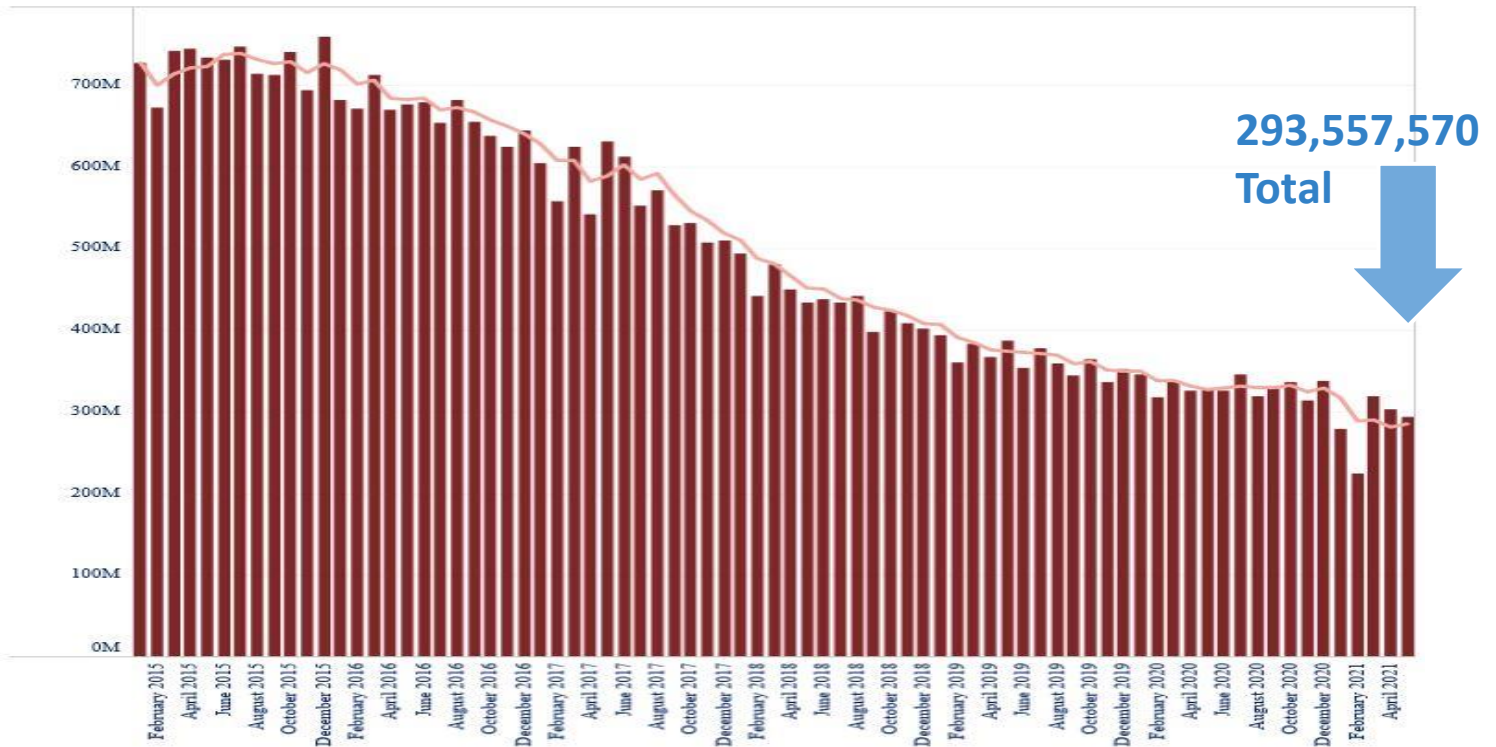

Ohio Opioid Patients by Month with 3-Month Moving Average

386,766 Rx
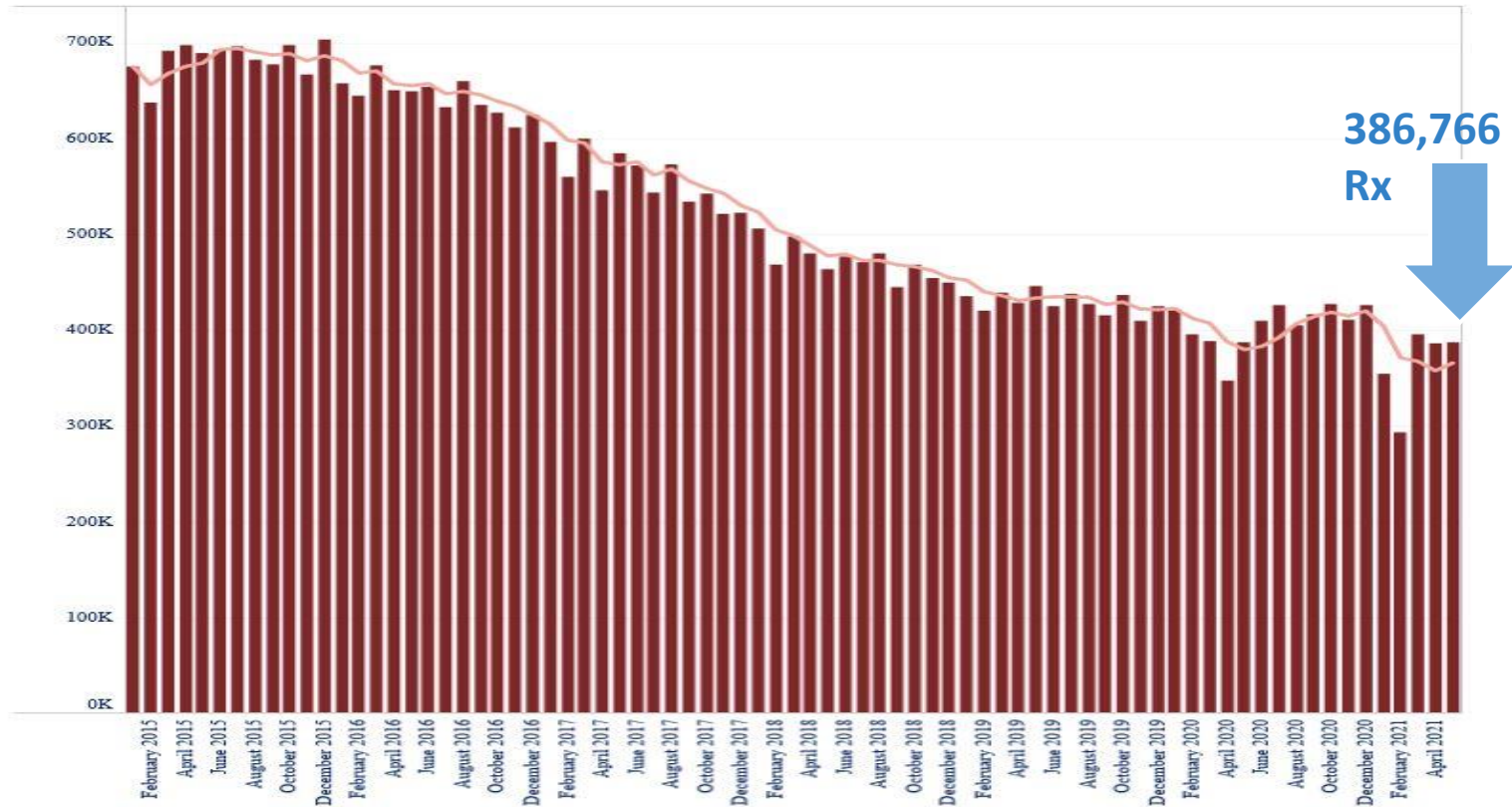
Opioid Prescriptions

Ohio Opioid Prescriptions by Month with 3-Month Moving Average

474,403 Rx

Opioid MME

Ohio Opioid MME (Opioid Only) by Month with 3-Month Moving Average

293,557,570 Total

Medication Assisted Treatment (MAT)

- Patient use of prescribed buprenorphine, methadone, or naltrexone for a period of at least 1 year, typically 2-3 years, and possibly indefinitely in conjunction with counseling.

- Opioid Treatment Programs (OTP) and Office- Based Opioid Treatment (OBOT) serve patients who live in the community and are everyday citizens - professionals, laborers, essential workers, public service workers.

MAT Benefits to Patients

- Much lower relapse rates
  90% for patients with Opioid Use Disorder in the absence of MAT
  40-60% in patients with MAT (similar to that seen with other chronic disease states-asthma, hypertension)

- Decreased medical/psychological morbidity and related mortality

- Decreased legal system involvement

- More employment

- More family stability

MAT Benefits to the Community

- Enhanced public safety and safer neighborhoods; reduction of criminal behaviors involving drugs.

- Improved community health through reduction in transmitted diseases (Hep C, HIV).

- Preventive costs outweigh reactive costs to the community.
  - For every $1 spent on substance abuse treatment, between $4 and $7 is saved in reduced drug related crime, theft and criminal justice costs
  - Up to $12 is saved when health care costs are factored in

- Increased health service efficiency: emergency, trauma and urgent care use for drug-related emergencies is reduced.

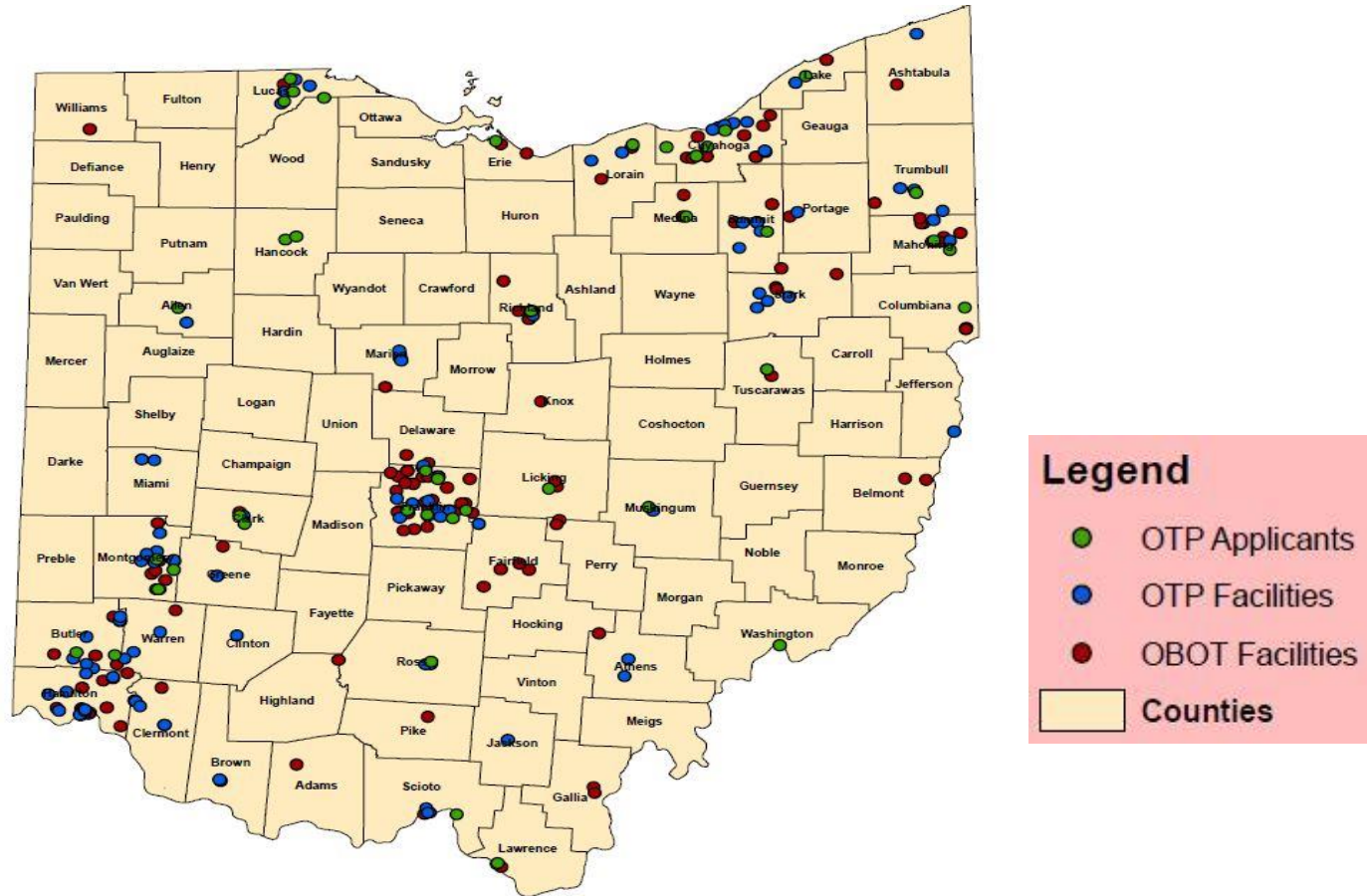# Opioid Treatment Program (OTP) Census

20,913 patients
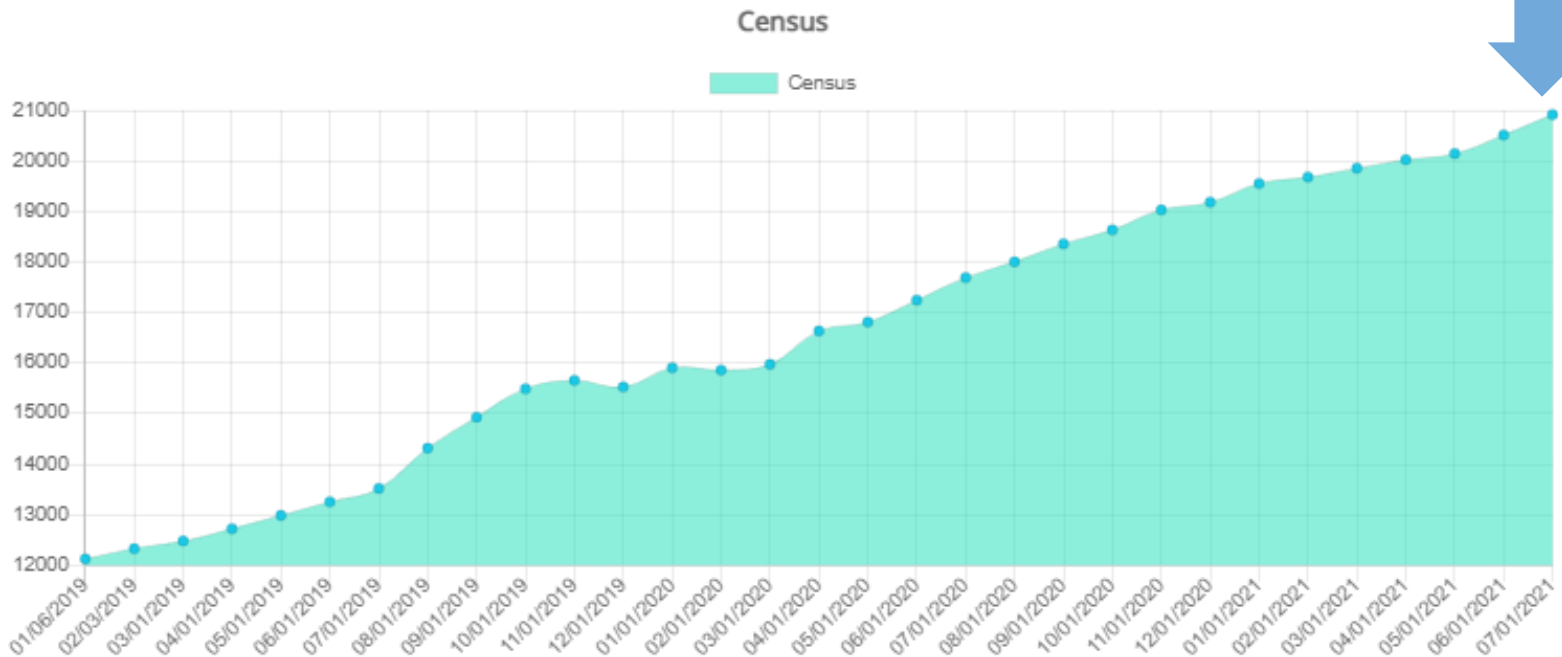
Office-based Opioid Treatment (OBOT) Program Census*

56,384 patie

*3 month moving average. Possible data error in early 2021.

Source: Ohio Automated Rx Reporting System (OARRS), State of Ohio Board of Pharmacy
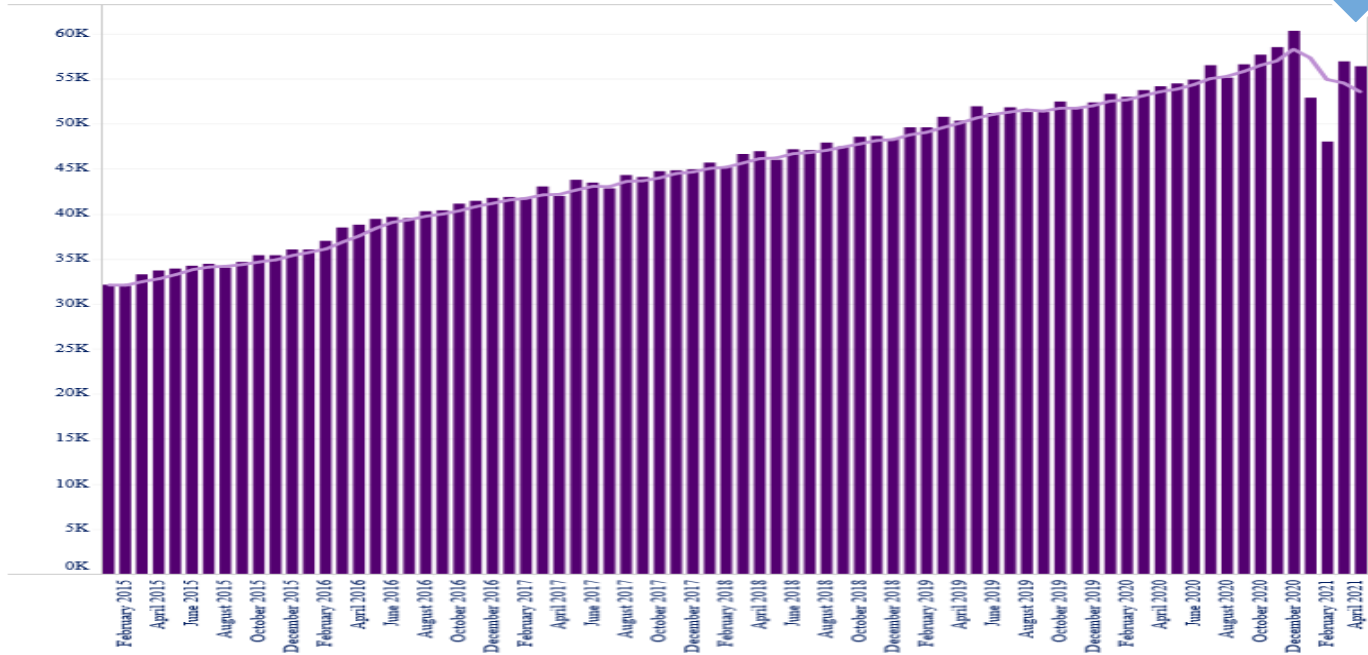
Licensed MAT Facilities in Ohio

Ensuring Access to **Life-Saving Naloxone**

Ohio Overdose Awareness Day

This month, Ohio Governor Mike DeWine signed Senate Bill 30 into law, designating August 31 as *Ohio Overdose Awareness Day*, raising public awareness of the opioid epidemic and to remember the lives lost to addiction.

Working Together

- Fighting addiction takes "all hands-on deck"

- Listening closely to the field

- Collaborating with state and local partners to attack the epidemic from all angles

- Working together to ensure an equitable response and targeted strategies

Additional Resources

- Ohio Department of Mental Health and Addiction Services, Combating the Opioid Crisis: www.mha.ohio.gov

- RecoveryOhio: www.recoveryohio.gov

- National Institute on Drug Abuse, NIDA Notes *Medication Treatment of Opioid Use Disorder Can Protect Against Overdose Death:* www.drugabuse.gov/news-events/nida-notes/2021/05/medication-treatment-opioid-use-disorder-can-protect-against-overdose-death

- Substance Abuse and Mental Health Services Administration: Medication-Assisted Treatment (MAT): www.samhsa.gov/medication-assisted-treatment

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for all of the latest updates**

QUESTIONS?

FOLLOW UP

OHA OPIOID WEBINAR SERIES

Located at the bottom of the page.

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

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HelpingOhioHospitals

@OhioHospitals

www.youtube.com/user/OHA1915