

Improving Safe Opioid Prescribing in the Emergency Department

A presentation to the National Resource Center for Academic Detailing
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Who We Are

- **Kaiser Permanente Northern California**
 - Over 4 million members
 - 35,000 nurses and staff
 - 21 medical centers
 - >200 medical offices and other outpatient facilities

- **The Permanente Medical Group (TPMG)**
 - 9,000 total physicians—largest medical group in the nation
 - ~800 Emergency Department physicians
 - ~70 specialties and sub-specialties

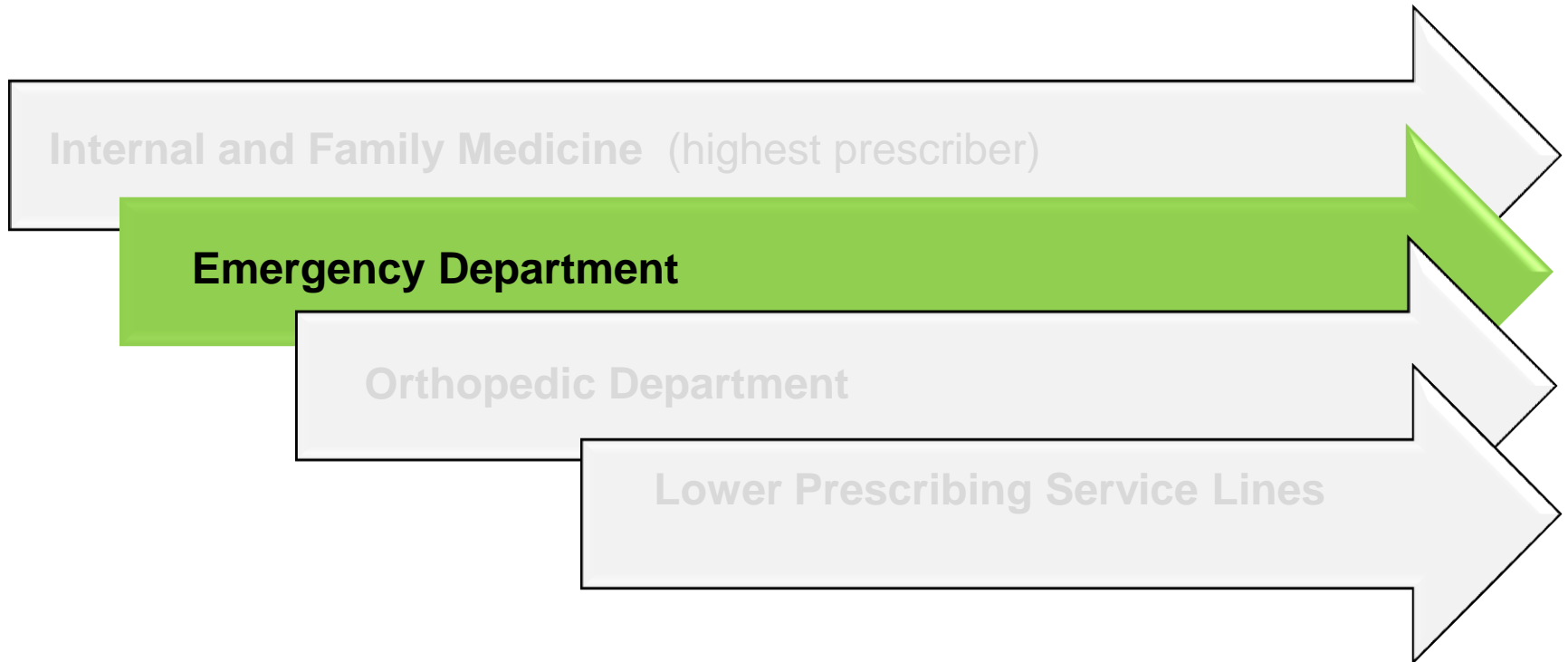


The Permanente Medical Group Opioid Initiative Goal

Ensure that we provide safe, appropriate care to our patients across the region and that we give physicians the tools and support needed for consistent opioid prescribing, monitoring and documentation.

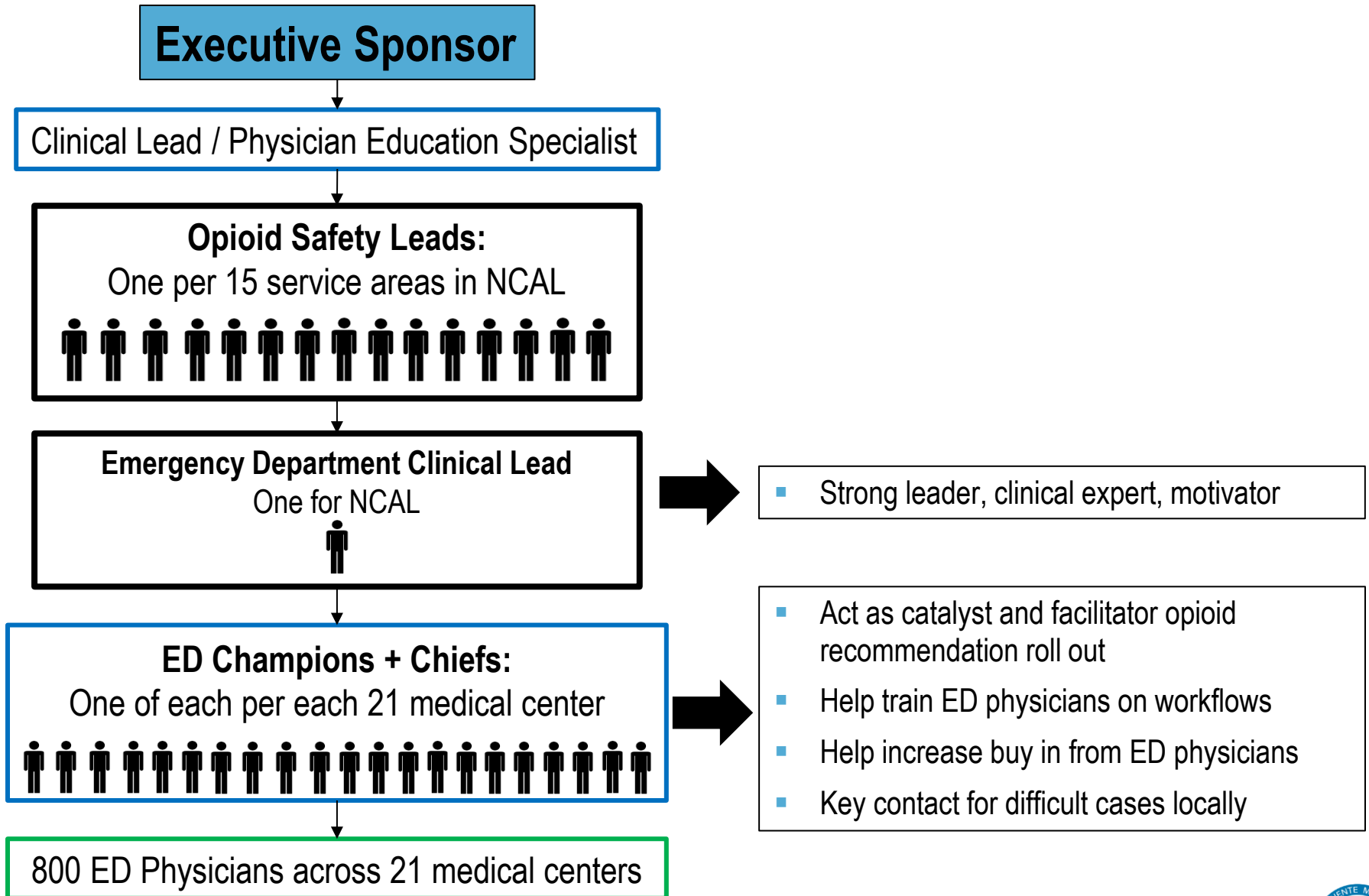


Staggered Roll Out



- Focus today will be on the **Emergency Department initiative**

ED Opioid Safety Initiative – Leadership Structures



ED Opioid Safety Initiative – Curriculum

- **Three modules cover essential elements of opioid safety**
 1. **Emergency Medicine Opioid Safety Overview presentation (30 mins):**
 - Key info on national opioid epidemic
 - TPMG Opioid Safety Initiative goals
 - Tools for ED clinicians
 2. **Self-Paced Online Training Modules (3 hours):**
 - Opioid Scope & Risk
 - Emergency Medicine Opioid Workflow
 - Characteristics of ER/LA Opioids
 3. **Patient Communication Training (60 mins):**
 - Interactive communication training on Four Habits applied to Opioids in the ED
 - Case Discussions & Practice
- **EMR tools to facilitate improved communication and safety**



ED Opioid Safety Initiative – Reporting

- **Physician-level reports on prescribing practices distributed monthly to local ED chiefs and champions**
 - **Report 1:** IV/IM opioids administered in the ED stratified by case severity
 - **Report 2:** Rx opioids sent home with patient
 - Reports provide chief an opportunity to **assess inconsistent or outlier prescribers and directly intervene to reinforce workflows and to provide further education and individual coaching** as determined necessary



ED Opioid Safety Initiative – Results

- Significant declines in opioid utilization throughout our 21 medical centers from January 2016 to February 2017
 - High acuity (severity) ED visits involving **IV/IM opioid** has gone from **14.2% to 12.4% (13% decline)**
 - ED visits resulting in an **opioid prescription** has gone from **11.9% to 7.5% (37% decline)**
- TPMG physicians prescribe at lower “intensity” or frequency of visits compared to recent large NEJM study on opioid prescribing in the ED
 - **Upper quartile** (“high intensity”): 12% (TPMG) vs. 24.1% (NEJM)
 - **Lower quartile** (“low intensity”): 6% (TPMG) vs. 7.3% (NEJM)



ED Opioid Safety Initiative – Lessons Learned

- **Motivating, trusted regional leader** from service line is essential at beginning of initiatives
- **Empowered, distributed leadership** structures throughout medical centers improve adoption of new workflows
- **Recurring performance metrics** with MD-level data enables local, individualized conversations to occur between chief/champion and ED physician
- **Communication training** is important to improve and standardize empathetic, non-judgmental conversations between physician and patient
- Facilitating opportunities to **communicate with ED colleagues** (via EMR and in person) is key to reinforcing culture of opioid safety in the ED



Thank you

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Appendix



ED Opioid Safety Initiative Workflows: New Pain or Recurrent Pain

History &
Assess
Risk

For ALL PATIENTS presenting with non-cancer pain in the Emergency Department

Review for:

1. Chief complaints for which opioids are generally not indicated
2. Current/past opioid prescriptions. *For outside members verify through CURES and Epic Outside Records.*
3. Review for diagnosis in EMR problem list that indicates patient is being actively managed by PCP or pain physician for chronic pain.
4. Check EMR Specialty Notes section for comments.
5. Assess for red flags. If red flags present, Check CURES.

New Pain
or
Recurrent
Pain?

Determine type of complaint:

- **New pain** is different from the patient's usual pain condition.
- **Recurrent pain** is the patient's usual pain experience. This pain has been ongoing for 3 months or more.

Determine treatment plan – All Patients

1. Determine if benefits outweigh the risks for prescribing opioids.
2. Consider alternative and adjuvant therapies.
3. Do not replace lost or stolen prescriptions.
4. Educate patient on risks, benefits and limitations of treatment(s).
5. Document rationale for prescribing or not prescribing opioids. If prescribing provide patient with education via after visit summary.

Treatment
Plan

New Pain Complaint – Opioids may be indicated

- **Treatment**– If prescribing opioids, prescribe amount needed until follow-up, generally maximum 20 pills.
- **Referral** – Refer patient to appropriate physician for follow-up of acute pain management, treatment plan reassessment, and refill requests.

Recurrent Pain Complaint – Opioids rarely indicated

- **Treatment**– Avoid IM or IV opioid analgesics. If giving opioids, prescribe usual dosage for a maximum of 3 days OR 10 pills.
- **Referral** – Send chart to physician managing chronic opioid therapy; mention if you did or did not prescribe opioids and why. If there are red flags, route chart to ED Opioid Champion.



ED Opioid Safety Initiative – Community Collaboration



East Bay Safe Prescribing Coalition

All 20 East Bay Emergency Departments Adopt Safe Opioid Prescribing Guidelines

A major focus of the East Bay Safe Prescribing Coalition has been to promote safe prescribing guidelines safe in hospital emergency departments and urgent care facilities. The guidelines were developed by California emergency physicians and have been endorsed by numerous statewide medical organizations. All 20 Emergency Departments in Alameda and Contra Costa counties that provide care to adult patients have adopted these guidelines (see [News Release](#)). Here are the facilities who have committed to implementing the guidelines:

- Alameda Health System-Alameda Hospital
- Alameda Health System-Highland Hospital
- Alameda Health System-San Leandro Hospital
- Alta Bates Summit Med Ctr - Alta Bates
- Alta Bates Summit Med Ctr - Summit Campus
- Contra Costa Regional Medical Center
- Eden Medical Center
- John Muir Medical Center-Concord Campus
- John Muir Medical Center-Walnut Creek
- Kaiser Foundation Hospital - Antioch
- Kaiser Foundation Hospital - Fremont
- Kaiser Foundation Hospital - Oakland
- Kaiser Foundation Hospital - Richmond
- Kaiser Foundation Hospital - San Leandro
- Kaiser Foundation Hospital - Walnut Creek
- San Ramon Regional Medical Center
- St. Rose Hospital
- Stanford Health Care - ValleyCare
- Sutter Delta Medical Center
- Sutter Urgent Care Facilities (Antioch, Berkeley, Castro Valley)
- Washington Hospital Healthcare System

SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we routinely follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MSContin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.



If you need help with substance abuse or addiction, please call
1-800-662-HELP (4357)
for confidential referral and treatment.

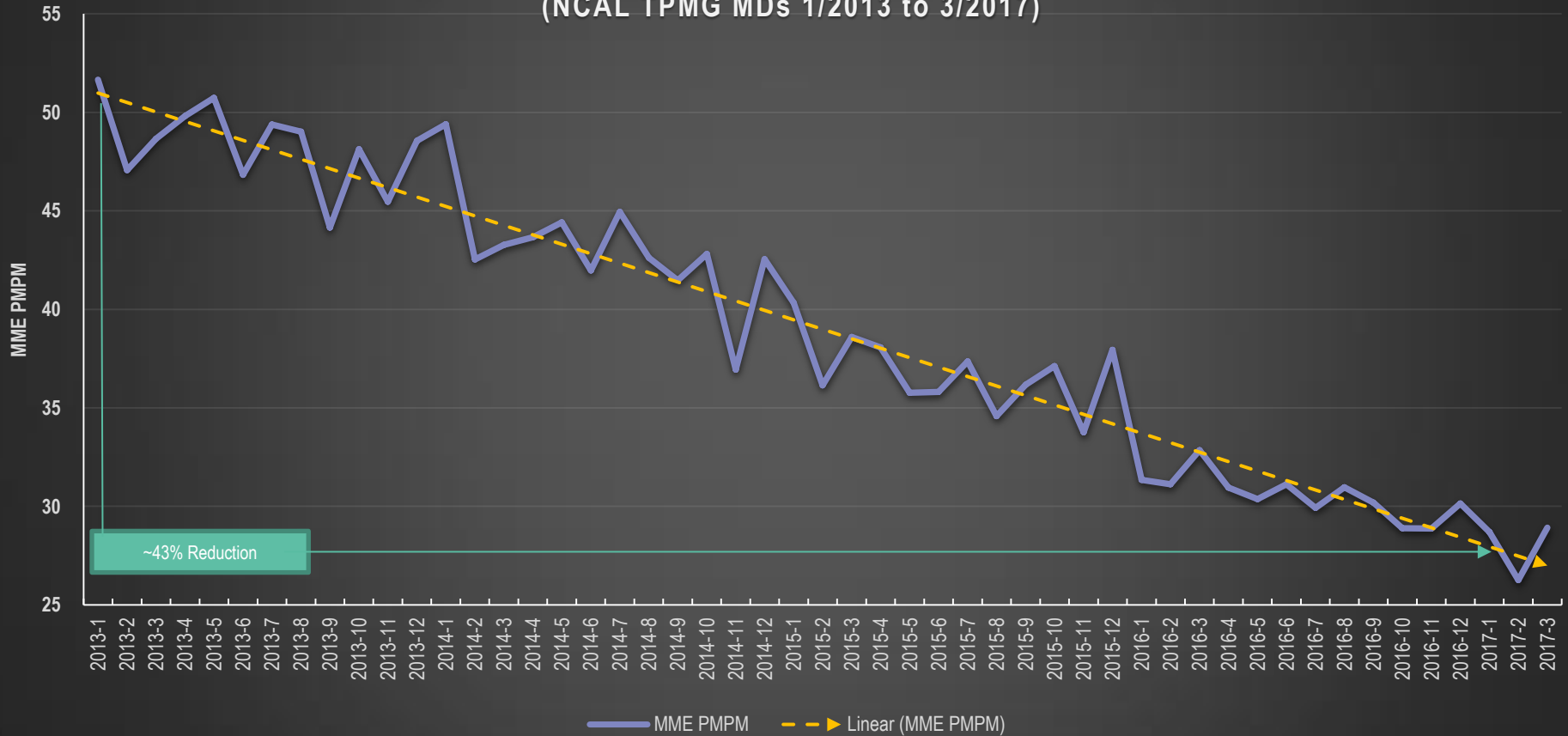


Hospital Council
of Northern & Central California



Successful Reductions Across NCAL

All Opioid Outpatient Prescription
Morphine Milligram Equivalent (MME)
Per Member Per Month
(NCAL TPMG MDs 1/2013 to 3/2017)



Our Strategic Approach to Opioid Safety



Collaboration, Coordination & Communication = Success

Collaboration

between departments (Quality, Physician Ed, Patient Ed, EMR, Chiefs of Adult Fam Med, Chronic Pain, CDRP, Psych, Pharmacy) to provide:

- Workflows based on guidelines
- Prescriber and patient education
- EMR tools that support workflows
- Physician-level reports to measure success



Collaboration, Coordination & Communication = Success

Coordination between regional team, service area Opioid Leads, and their implementation teams to ensure:

- Development of facility-specific workflows and service agreements
- Creation of multidisciplinary teams
- Implementation of education for prescribers
- Utilization of metrics to identify high risk patients



Collaboration, Coordination & Communication = Success

Consistent communication to primary care physicians emphasizing:

- Rationale behind the initiative
- Ongoing risk - benefit analysis to ensure safety and effectiveness
- Expectations for physicians
- Tools created to help meet these expectations
 - EMR tools - documentation tools
 - Communication tips
 - Patient education
 - Workflows
 - Individual physician data

