

HQIC Patient Safety: Opioids

Welcome!

- All lines are muted, so please ask your questions in the Chat panel.
- For technical issues, chat to “All Panelists.”
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen near the end of the presentation.

We will get started shortly!

HQIC Opioids: Opioid Stewardship Committees



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HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
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Making Health Care Better *Together*

COLLABORATORS:

Alabama Hospital Association
Alliant Health Solutions
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Georgia Hospital Association
KFMC Health Improvement Partners
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Hospital Quality Improvement

Welcome from all of us!



Opioid Co-Leads



Lynne Hall, RN, BSN

Lynne has over 30 years of healthcare experience, including as a Labor and Delivery and neonatal nurse and at Georgia Hospital Association (GHA) as an advocate for patient safety and quality. She also represents GHA as a Maternal/Child Expert with the Georgia Department of Public Health. Lynne is a member of the leadership team for the GA Perinatal Quality Collaborative and currently serves on the Maternal Mortality Review Committee.

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Jennifer Massey, PharmD

Jennifer has 15 years of experience in clinical pharmacy in the acute care hospital setting and in various roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network–Quality Improvement Organization (QIN–QIO). She currently serves as an SME for Opioids and Adverse Drug Events for HQIC.

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Learning Objectives

- Learn about available resources to form an Opioid Stewardship Committee
- Introduction to CHIME Opioid Action Center
- Introduction to the American Hospital Association Opioid Stewardship Collaborative
- Learn successful components of an Opioid Stewardship Committee

CHIME Opioid Action Center



College of Healthcare Information Management Executives (CHIME)

- Creation of Opioid Task Force
 - Mission: Turn the tide on the opioid epidemic using the knowledge and expertise of the nation's health care IT leaders
 - Sponsors include 3M, Cerner, Epic, IBM, etc.
 - Provides education and resources to CHIME members through webinars covering a range of topics, public policy advancements, face-to-face meetings and online resources
- Launch of Opioid Action Center Website
 - Podcast series
 - Resources
 - Public policy
 - CIO playbook

CHIME Opioid Taskforce Playbook



- Provides a framework to build IT-based supports for launching and maintaining system-wide initiatives to reduce the disease of opioid addiction in our communities
- Includes real-world examples, best practices and links to valuable resources
- A compilation of opioid success stories that have a solid foundation of similar steps
- Each chapter has a specific purpose and includes background for a specific component, real-world examples with keys to success, guidelines for measuring success, key takeaways and links to resources

Opioid Taskforce Playbook



- Chapter 1: Creating an Opioid Stewardship Committee
- Chapter 2: Creating Your Dashboard
- Chapter 3: Provider/Patient Education and Change Management
- Chapter 4: Order Set Maintenance and Care Pathways
- Chapter 5: Electronic Prescribing of Controlled Substances
- Chapter 6: Prescription Drug Monitoring Programs
- Chapter 7: Patient Education
- Chapter 8: Community Outreach and Collaboration

Creating an Opioid Stewardship Committee



- Critical first step for hospitals and health systems seeking to play a more formal role in combating the opioid epidemic
- A multidisciplinary internal committee serves as the foundation for the overall opioid stewardship effort
- The committee provides:
 - Structure
 - Leadership
 - Accountability



Structure of the Committee



- Depends heavily on factors that are specific to the hospital or health system:
 - Overall goals of the opioid stewardship program
 - The scope of the effort
 - Specific needs of the community



Structure of the Committee



- Always multidisciplinary in nature
 - Pharmacy leadership
 - C-level Exec support and engagement
 - Departments that prescribe opioids
 - Departments that treat addiction
 - Nursing leadership
 - Behavioral Health
 - IT leadership



IT Leadership



- Performing risk modeling to identify vulnerable patients
- Building dashboards and decision support tools to monitor prescribing practice
- Developing and implementing order sets
- Creating point of care alerts to notify clinicians about potential opioid misuse
- Implementing electronic prescribing for controlled substances (EPCS)
- Integrating with the state's prescription drug monitoring program (PDMP) or controlled substance reporting system (CSRS)

Common Functions



- Provider education
- Prescribing guidelines
- Risk-assessment tools
- Monitoring and coordination through electronic medical record (EMR) integration
- Interventions that positively change provider, prescriber or patient behavior

Real-World: UChicago Medicine



- Multidisciplinary Pain Care Stewardship Committee – est. Fall 2016
- Reports directly to the Medical Center Quality Committee
- Examples of past and present initiatives
 - Pain screening questions
 - Opioid misuse risk assessment
 - Procedure-targeted opioid interventions
 - Prescriber feedback and benchmarking
 - Prescriber clinical decision support and education
 - Non-opioid and non-pharmacological multimodal analgesia

UChicago Medicine Pain Stewardship

AT THE FOREFRONT
UChicago
Medicine

UChicago Medicine Pain Stewardship : enabling best practices in institutional pain management

Background

- Over the past decade, opioid related deaths in the US have **quadrupled**, overdoses have increased **six-fold**.
- In the past 5 years, UChicago Medicine IV opioid administration has **increased by 23%**, with a shift towards IV Hydromorphone (HM) utilization.
- HM has a morphine milligram equivalent (MME) of 7 and is associated with increased patient risks.
- UChicago Medicine outpatient opioid prescriptions also show high average daily MME and significant variability in the quantity of opioids prescribed, even within the same service and procedure type
- Pain is complex. It may begin as an isolated issue but may later induce changes in the central nervous system and impair global function

Trends in Opioid orders at UCM 2010 – 2015
Number of Opioid Orders > 5mg of IV Morphine Equivalents by Opioid Prescribed

Local data: opioid orders at UCM 2010 – 2015
Number of Opioid Orders by Service

Ongoing Initiatives

Currently engaging in data-driven approaches to conduct:

- Gap analysis of pain care across services, units, and
- Assessment of outpatient opioid prescriptions

And Implement:

- RIOSORD tool for predicting opioid-induced respiratory depression
- Robust chronic pain and opioid screening at each encounter
- Safe unused medication return and quantification of returned opioids
- Standardized PeriOperative and Ambulatory non-opioid medications
- Patient educational resources for procedural, ambulatory, and inpatient areas regarding pain management and addiction prevention

Stewarding comprehensive, modern pain care

Evaluation – FY18 Metrics

Process Goals

- ↑ Opioids ordered in context of multi-modal analgesics (MMA)
- ↑ RIOSORD screens when oral morphine > 100 mg OME
- ↑ Use of SmartSets & ↓ variability amongst similar MDs & procedures
- ↑ Pain and opioid screening & timely/appropriate pain management

Outcome Goals

- ↓ Pain-related readmissions and delayed discharges
- ↓ Opioid-related RRTs

Standardizing Post-op Outpatient Rx: Preliminary Pilot Results

- Pilot sample of post-operative patients (n=45) involved quantification of prescribed opioid pills at first post-op visit
- Revealed 1200 excess pills prescribed (48%) (Orthopedics, March 2017)

Excess Pills vs. Consumed

Next Steps

- Finalize Pain Care Stewardship Scorecard and PI metrics
- Complete comprehensive gap analysis and solicit widespread feedback from faculty and staff
 - ID current barriers and siloes in pain care
- Develop strategy to address institution-wide gaps in pain assessment and management
- Spread pilot interventions for MMA to other surgical specialties
- Develop cognitive order sets and non-pharmaceutical interventions
- Embed opioid screening into Epic Flowsheets
- Develop EMR Pain Synopsis
 - Ideally to provide risk assessment, morphine equivalent calculator, house pain contracts, link to IL-PMP
- Provide robust clinical decision support tools and innovative pain care strategies across UChicago Medicine
- Enhance staff, faculty, and trainee education
- Comer Children's to pursue ChildKind certification (goal FY18)

Project Design/Strategy

Goal: A multidisciplinary Pain Care Stewardship Committee was established in fall 2016 to optimize patient exposure to systematically-delivered, efficacious, expert-guided, modern pain care.

Guiding Principle:
In an effort to reduce our opioid footprint, we mustn't fall short of comprehensive pain and addiction medicine

Pain Care Stewardship recognizes the **complexity** of pain care and utilizes a practical approach to manage pain:

- **Identify** – high risk patients and practice patterns
- **Implement** – modern pain care, education, re-assessment
- **Intervene** – escalate when plans fall short

Multidisciplinary Participation across all UChicago Medicine encounters and types of pain (acute, chronic, and abuse disorders):

Anesthesia/Pain	Pain psychiatry	Subspecialists
Child life	Pediatrics	Quality – Analytics and Process Improvement
Health IT	Pharmacy	
Nursing	Primary Care	
Surgery	PT/OT	

Infectious Diseases	Pain Care
Ubiquitous to all service lines	Ubiquitous to all service lines
Specialist leaders	Specialist leaders
Defined epidemic	Defined epidemic
Multidrug resistance	Opioid epidemic/chronic pain epidemic
Bacterial culture data	Neurologic and pain workshop
Influence of patient risk factors	Influence of patient risk factors
Treatment related risk to individual	Treatment related risk to individual
Treatment related risk to public health	Treatment related risk to public health
Treatment related costs	Treatment related costs

Analogous to Infectious Disease model:

- Risk stratification strategies
- Monitor instances of therapy ≠ need
- Real-time informatics solutions

Acknowledgements

Pain Care Stewardship Committee Members
Natalie Mikat-Stevens, MPH
Michael Howell, MD, COO – Project Sponsor
David Liebovitz, MD, CMIO
Vivek Prachand, MD, Exec. Medical Director Procedural Quality

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AHA Opioid Stewardship Collaborative

- Program materials:
 - Curriculum
 - Action plan template
 - Guidelines on collaborative team composition
 - Progress slide template
 - Poster template



AHA Action Plan Template



American Hospital
Association™

Advancing Health in America

Opioid Stewardship Collaborative Action Plan Template



Target area to improve: (Use one table for each intervention)

Plan Overview	Responsibilities	Measurement Plan	Resources Needed	Obstacles/Barriers	Deadline/Status	Results/ Lessons Learned
Overview of area identified for change and action plan	Identify project leader and team for each area. Be sure to include all individuals needed to effect change. Assign clear responsibilities to each team member.	Develop quantitative and qualitative measures.	Record resources needed to: <ul style="list-style-type: none">• Develop the intervention• Implement it• Measure progress	As you identify barriers and obstacles, document them and their solutions.	Set deadlines for each activity and monitor status. Identify when completed.	<ul style="list-style-type: none">• Record what you have learned.• What has worked/not worked?• Identify changes you would make to your project plan and plans you have moving forward.• Identify good practices to share across your organization.

AHA Opioid Stewardship Collaborative

- Resource articles on change management
- Webinars
- Teamwork and project management resources
- Tools to identify problems
- AHA opioids resources – stay tuned!
- Other resources and toolkits

CO's CURE Opioid Prescribing Guidelines

 <p>Emergency Medicine Guidelines</p> <p>Developed in partnership with the Colorado Chapter of the American College of Emergency Physicians</p> <p>Read Here</p>	 <p>Surgery & Anesthesia Guidelines</p> <p>Developed in partnership with the Colorado Chapter of the American College of Surgeons and the Colorado Society of Anesthesiologists</p> <p>Read Here</p>	 <p>Hospital Medicine Guidelines</p> <p>Developed in partnership with the Rocky Mountain Chapter of the Society of Hospital Medicine</p> <p>Read Here</p>
 <p>Obstetrics and Gynecology Prescribing Guidelines</p>	 <p>Pharmacy Prescribing Guidelines</p>	 <p>Dental Prescribing Guidelines</p> <p>Developed in partnership with the Colorado...</p>

Opioid Stewardship Committee: Measuring Success

- Multidisciplinary participation
- Formal involvement from physicians, pharmacy and IT
 - C-Level engagement and support
- Dedication to the time required to develop and implement the stewardship plan
- Mission statement and goals are well defined



Key Takeaways

- Resources available for form an Opioid Stewardship Committee
- Introduction to CHIME Opioid Action Center
- Introduction to the American Hospital Association Opioid Stewardship Collaborative
- Learn successful components of an Opioid Stewardship Committee

How will this change what you do? Please tell us in the chat.



Resources


- CHIME Opioid Action Center:
 - <https://opioidactioncenter.com/playbook/>
- UChicago Medicine Pain Stewardship:
 - http://app.ihl.org/FacultyDocuments/Events/Event-2930/Posterboard-5950/Document-5664/Pain_Care_Stewardship_Poster.pdf
- AHA Opioid Stewardship Resources:
 - <https://www.aha.org/opioid-stewardship-resources>
- Colorado Hospital Association: CURE Initiative
 - <https://cha.com/opioid-safety/cos-cure/>

Questions?



Email us at HospitalQuality@allianthealth.org or call us at 678-527-3681.

HQIC Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Upcoming Events

February 10th, 2022

11:30am EST

(occurring the second Thursday of each month)



Opioid HQIC Patient Safety Network

Jennifer Massey and Lynne Hall

www.quality.allianthealth.org

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Thank you for joining us!
How did we do today?

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