

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!

Stem the Tide Resources



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HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
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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 health care 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. In addition, 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 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 SME for Opioids and Adverse Drug Events for HQIC.


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Learning Objectives

- Learn Today:
 - Understand Stem the Tide: Addressing the Opioid Epidemic
 - Discover real-world case examples of entities who have made progress in the opioid space
- Use Tomorrow:
 - Apply knowledge from these resources to change opioid practices in your hospital

American Hospital Association: Stem the Tide

Stem the Tide: Addressing the Opioid Epidemic

 American Hospital Association
Advancing Health in America

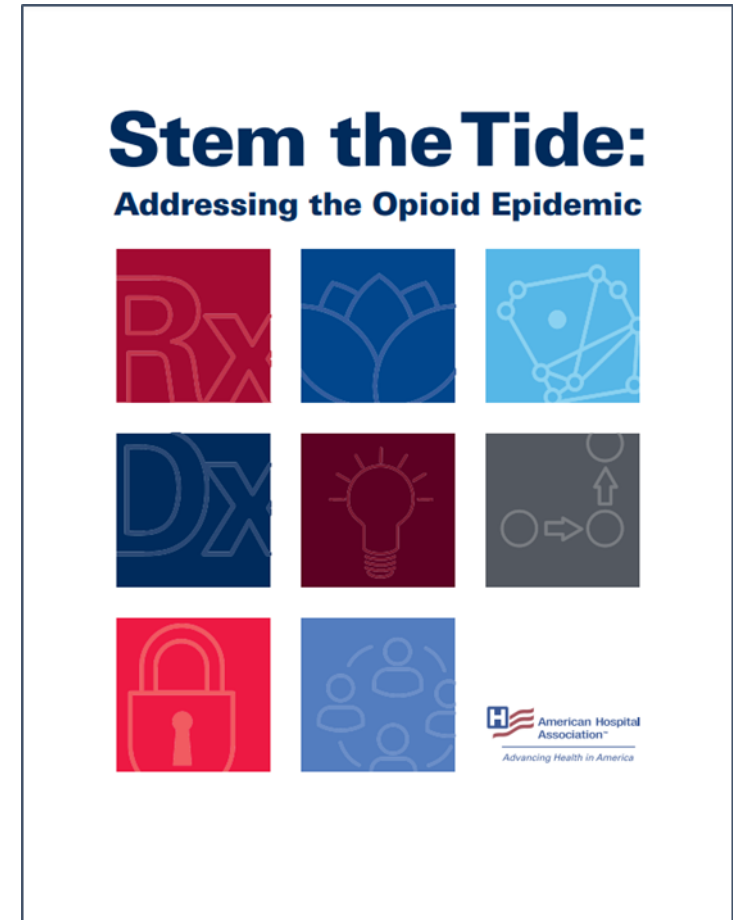
AHA CENTER FOR HEALTH INNOVATION

STEM THE TIDE: OPIOID STEWARDSHIP MEASUREMENT IMPLEMENTATION GUIDE >>>>>>

American Hospital Association (AHA)

Stem the Tide: Addressing the Opioid Epidemic

- Clinician Education on Prescribing Practices
- Non-Opioid Pain Management
- Addressing Stigma
- Treatment Options for Opioid Use Disorders
- Patient, Family and Caregiver Education
- Transitions of Care
- Safeguarding Against Diversion
- Collaborating with Communities



Clinician Education on Prescribing Practices

- Prescribing practices
 - Acute pain guidelines
 - Chronic pain guidelines
- Clinician trainings, simulations and other resources
- Risk Evaluation and Mitigation Strategy (REMS)
- Case examples
 - Physician reminders when prescribing opioids
 - Interagency guideline on prescribing opioids for pain

Physician Fact Sheet
PHYSICIAN/PREScriBER REMINDERS WHEN PRESCRIBING OPIOIDS

Before Prescribing Opioids, Remember to

- CHECK** the Massachusetts Prescription Awareness Tool (MassPAT).*
- DETERMINE** goals of using prescription opioids.
- DO** a Risk Assessment. If the patient is at risk for misuse or substance use disorder, make a plan to address and/or mitigate risks. Be sure benefits of opioid therapy outweigh potential risks.
- PRESCRIBE** for no longer than seven days for any first-time prescription unless an exception applies. Within the Emergency Department prescribe for no longer than five days. Any exceptions must be documented in the medical record.* Prescribe the lowest dose for the least number of days.
- EXPLAIN** the expected benefits, side effects, risks, and important safety measures to patients (and caregiver if necessary).*
- DISCUSS** the amount prescribed, appropriate dosing, and the option to fill a lesser amount.*
- DOCUMENT** in the medical record: goals, exceptions and reasons, patient education, and treatment plan.*

TAKE special precautions when prescribing long-term opioid therapy. Check the Opioid Prescribing Guidelines adopted by the Massachusetts Board of Registration in Medicine.

Some Considerations

- Consult with a pain specialist as deemed clinically appropriate by the treating prescriber.
- Prescribers must enter into a pain management agreement with patients when prescribing extended-release long-acting opioids in non-abuse deterrent form.*
- Prescribers should consider entering into a pain management agreement for patients who are being prescribed opioids for long-term pain management, as the treating provider determines to be clinically appropriate.
- Consider co-prescribing Naloxone for patients on long-term opioid therapy.

PLAN follow-up.

* Required by MA State Law

Jointly issued by the Massachusetts Medical Society and the Massachusetts Health and Hospital Association.
www.massmed.org/PrescriberOpioidFactSheet

Non-Opioid Pain Management

- Webinars
 - Treating Chronic Pain Without Opioids
 - Non-Opioid Treatments
- Evidence-based Evaluation of Complementary Health Approaches for Pain Management in the United States
- Case Examples
 - Creating clarity in the confusion of treatment pain patients
 - Alternatives to Opiates (ALTO) program
 - Colorado launched a prescribing program about alternatives to opiates

Alternatives to Opioids - ALTO

- St. Joseph's University Medical Center Emergency Department – New Jersey
- Highly successful and unique approach to acute pain management without the use of opioids
- Protocols target 5 common conditions: renal colic, sciatica, headaches, musculoskeletal pain and extremity fractures
- Alternative therapies offered include targeted non-opioid medications, trigger point injections, nitrous oxide and ultrasound-guided nerve blocks
- Up to 75% of patients achieved adequate pain relief with alternative therapies and a decrease in opioid use by 83% since the inception of the program



Addressing Stigma

- Provider's Clinical Support System
 - The role of shame in OUD
 - Addiction, Stigma and Discrimination: Implications for Treatment and Recovery
- Guidelines and Perspectives
 - Colorado ACEP 2017 Opioid Prescribing & Treatment Guidelines
- Case Examples
 - Words Matter
 - Deconstructing Stigma: A Change in Thought Can Change a Life

Grayken Center for Addiction
Boston Medical Center

WORDS MATTER

What we say and how we say it makes a difference to our patients with substance use disorder.

NON-STIGMATIZING LANGUAGE	STIGMATIZING LANGUAGE
<ul style="list-style-type: none">• Person with a substance use disorder	<ul style="list-style-type: none">• Substance abuser or drug abuser• Alcoholic• Addict• User• Abuser• Drunk• Junkie
<ul style="list-style-type: none">• Babies born with an opioid dependency	<ul style="list-style-type: none">• Addicted babies/born addicted
<ul style="list-style-type: none">• Substance use disorder or addiction• Use, misuse• Risky, unhealthy, or heavy use	<ul style="list-style-type: none">• Drug habit• Abuse• Problem
<ul style="list-style-type: none">• Person in recovery• Abstinent• Not drinking or taking drugs	<ul style="list-style-type: none">• Clean
<ul style="list-style-type: none">• Treatment or medication for addiction• Medication for Opioid Use Disorder/Alcohol Use Disorder• Positive, negative (toxicology screen results)	<ul style="list-style-type: none">• Substitution or replacement therapy• Medication-Assisted Treatment• Clean, dirty

Treatment Options for Opioid Use Disorders

- Screening
- Medication-Assisted Treatment
- Naloxone
- Buprenorphine
- Neonatal Abstinence Syndrome
- Case Examples
 - Stretching the Scope - Becoming Frontline Addiction-Medicine Providers
 - Essentia Health's Chronic Opioid Analgesic Therapy (COAT) Program Reduces Opioid Addiction

MEDICATIONS FOR OPIOID OVERDOSE, WITHDRAWAL, & ADDICTION

FDA-approved medications for opioid addiction, overdose, and withdrawal work in various ways.

- **Opioid Receptor Agonist**
Medications attach to opioid receptors in the brain to block withdrawal symptoms and cravings.
- **Opioid Receptor Partial Agonist**
Medications attach to and partially activate opioid receptors in the brain to ease withdrawal symptoms and cravings.
- **Opioid Receptor Antagonist**
Medications block activity of opioid receptors in the brain to prevent euphoric effects (the high) of opioids and alcohol and help reduce cravings.
- **Adrenergic Receptor Agonist**
A medication that attaches to and activates adrenergic receptors in the brain and helps alleviate withdrawal symptoms.

Medications for opioid **overdose, withdrawal, and addiction are safe, effective and save lives.**

The National Institute on Drug Abuse supports research to develop new medicines and delivery systems to treat opioid use disorder and other substance use disorders, as well as other complications of substance use (including withdrawal and overdose), to help people choose treatments that are right for them.

REDUCES OPIOID USE AND CRAVINGS

- Methadone**
Daily liquid or tablet
Dolophine®, Methadose®
Generics available
- Naltrexone**
Monthly injection
Vivitrol®
- Buprenorphine**
Daily tablet
Monthly injection
Sublocade®
Generics available
- Buprenorphine/Naloxone**
Daily film under the tongue or tablet
Zubsolv®, Suboxone®
Generics available

TREATS WITHDRAWAL SYMPTOMS

- Lofexidine**
As-needed tablet
Lucemyra®

REVERSES OVERDOSE

- Naloxone**
Emergency nasal spray or injection
Kloxxado®, Narcan®, Zimby™
Generics available

NIH National Institute on Drug Abuse nida.nih.gov

Essentia Health: Chronic Opioid Analgesic Therapy (COAT)

- Mission: Provide safe and effective patient care and help prevent diversion and abuse of opioids for a safe community
- First steps: Implemented treatment guidelines – urine drug screenings and pill counts. Refills only given at visits.
- Established Guiding Principles for COAT: evidence-based guidelines, endorsing limits of 90 MME
- Developed and implemented new processes and tools to assess and manage COAT patients and education of providers and staff
- First 6 months: 12% decrease of primary care patients on COAT
- First two years: 23% fewer COAT patients

Patient, Family and Caregiver Education

- Rx Awareness
- Turning the Tide: For Patients
- Opioid Addiction Treatment: A Guide for Patient's, Families and Friends
- Effectively Communicating with Patients about Opioid Therapy
- Lock Your Meds Campaign

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DO'S AND DON'TS OF PAIN MEDICINES

These tips can help you or anyone you know to safely use opioid pain medicines

DO'S (Green Column):

- **Know your medicines:** Talk to your doctor or pharmacist about HOW and WHY you take each medicine.
- **Know the signs of overdose:** Ask others in your home to help you watch out for:
- slurred speech • confusion • difficulty staying awake • dizziness • vomiting • trouble breathing • pale or clammy skin
- **Talk to your doctor or pharmacist about naloxone,** a medicine to treat opioid overdose.
- **Store your medicines safely:** Keep them in the original, labeled packaging where others can't access them. Dispose of old or unused medicines.
- **Tell every member of your health care team:** Bring all of your medicines to every doctor or hospital visit so they can be reviewed.

DON'TS (Red Column):

- **Don't take any medicine that was not prescribed to you, and don't share your medicine with others.**
- **Don't take any medicine left over from an earlier treatment**
- **Don't change the dose or how often you take your medicines without talking to your doctor.**
- **Don't take pain medicines with alcohol or other drugs, and don't take them with other medicines without checking with your doctor.**

GLOSSARY:
Opioid – A narcotic pain medicine that reduces the feeling of pain
Overdose – Your body's response to too much medicine; can be deadly
Medicine disposal – Throw away medicines in the trash or talk to your pharmacist about other disposal options

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Transitions of Care

- The American Society of Addiction Medicine Criteria
- Westmoreland County's Warm Handoff System
- Recovery Supports for Overdose Survivors
- Case Examples
 - Peer-recovery coaches help fight the opioid epidemic?
 - Project Engage

Safeguarding Against Diversion

- American Society of Health System Pharmacists Guidelines on Preventing Diversion of Controlled Substances
- Drug Diversion: How to Avoid Becoming an Unwitting Participant
- Case Examples
 - Controlled Substance Diversion Program Structure - NCHA



Collaborating with Communities

- Project Lazarus
- Project ECHO – Opioid Addiction Treatment
- National Drug Take Back Days
- Disposal of Unused Medicines: What You Should Know
- Case Examples
 - Hampton Police and Sentara partner to combat opiate overdoses



Key Takeaways

- Learn Today:

- Understand Stem the Tide: Addressing the Opioid Epidemic
- Discover real world case examples of entities who have made progress in the opioid space



- Use Tomorrow:

- Apply knowledge from these resources to change opioid practices in your hospital

How will this change what you do?

Please tell us in the poll.

Resources


- Stem the Tide: Addressing the Opioid Epidemic
 - <https://www.aha.org/system/files/2018-06/stem-the-tide-addressing-opioid-epidemic.pdf>
- St. Joseph's Health ALTO Program
 - <https://stjosephsalto.org/about/>
- Boston Medical Center Words Matter
 - https://www.bmc.org/sites/default/files/Patient_Care/Specialty_Care/Addiction-Medicine/LANDING/files/Words-Matter-Pledge.pdf
- Essentia Health's Chronic Opioid Analgesic Therapy (COAT) Program Reduces Opioid Addiction
 - <https://minnesotaruralhealthconference.org/sites/default/files/2016/presentations/1A.%20Opiate%20Prescribing.%20Joe%20Bianco.pdf>
- Controlled Substance Diversion Program Structure
 - <https://www.ncha.org/wp-content/uploads/2018/06/Controlled-Substance-Diversion-Program-Structure.pdf>
- Drug Disposal Options
 - <https://www.fda.gov/media/111887/download>
- Do's and Don'ts of Pain Medicines
 - [HQIC Do's and Don'ts of Pain Medicine \(allianthealth.org\)](https://allianthealth.org/HQIC-Do's-and-Don'ts-of-Pain-Medicines)

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

March 10th, 2022

12:00 p.m. EST

(occurring the second Thursday of each month)

Lynne Hall and Jennifer Massey

Event registration and information:

quality.allianthealth.org



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

Alliant Health Solutions



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