

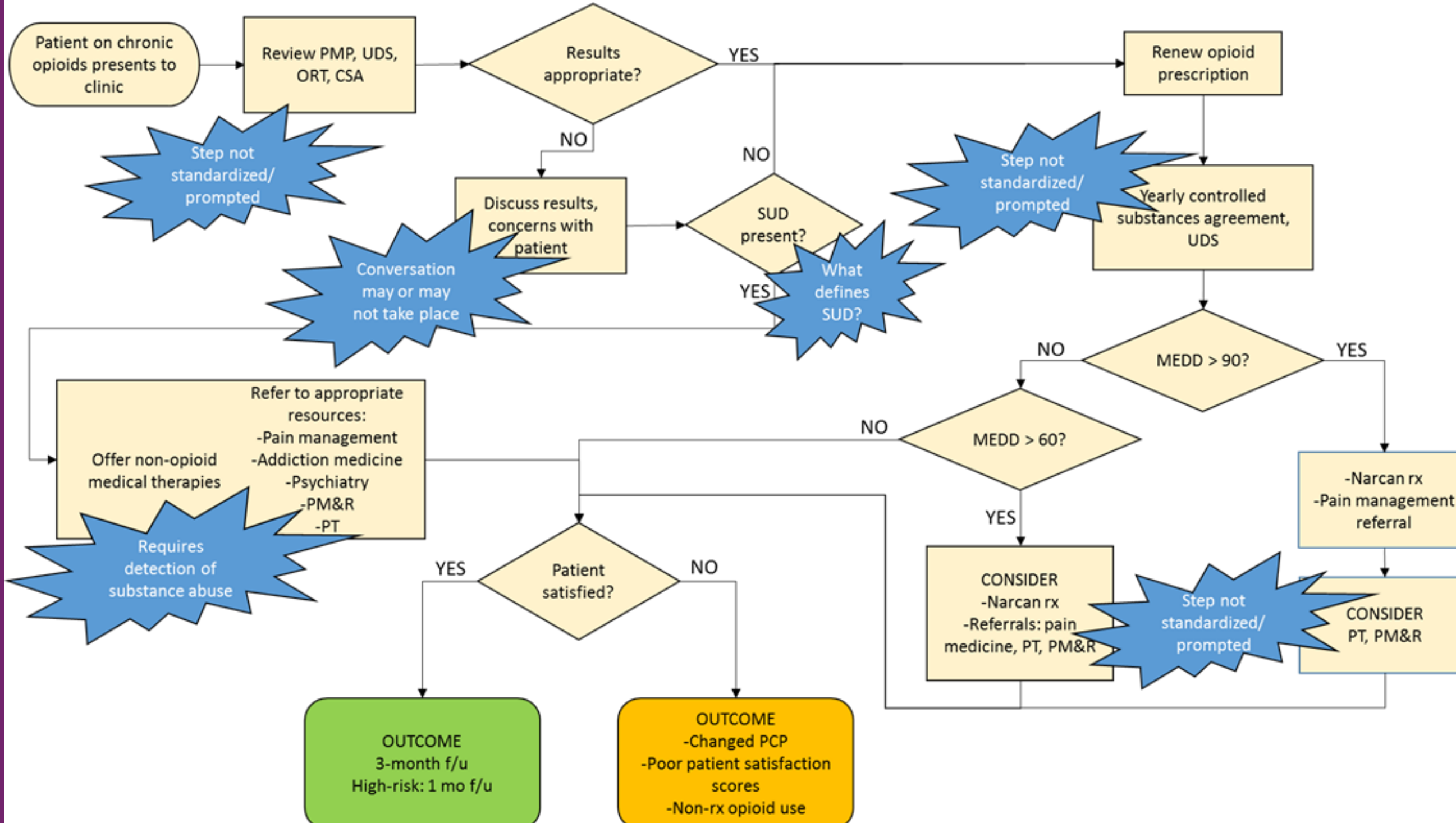
Honored to Protect: Safer Opioid Prescribing in the Ambulatory Setting

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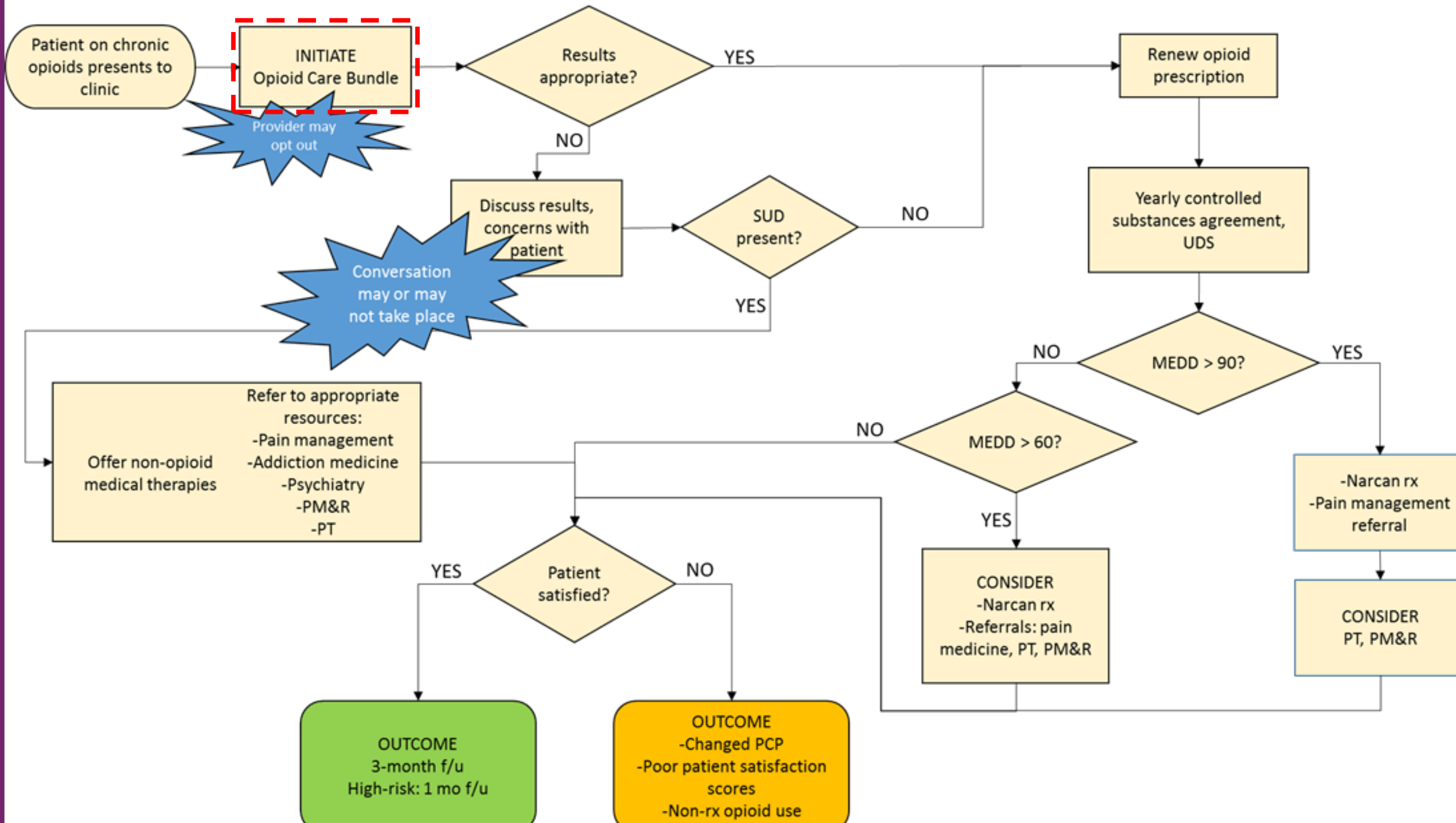
INTRODUCTION & METHODS

- The opioid epidemic is a public health crisis that is escalating.
- Since 1999, the amount of prescription opioids sold in the U.S. has nearly quadrupled, as have the deaths from prescription opioids.
- Pain-related costs in the United States exceed those for cancer, heart disease, and diabetes combined.^[1]
- Primary care doctors are at the epicenter of this epidemic. The specific aim of this project is to increase safer opioid prescribing.
- Scope:** HonorHealth Ambulatory Clinics: Jomax, Heuser, and Indian School
- Aim:** To increase compliance rates with the following ADHS regulations at our Jomax location by 25% in three months time:
 - Check PDMP prior to prescribing
 - Sign Controlled Substance Agreement annually^[2]
 - Prescribe Naloxone for MEDD > 90 (revised to >= 50)^[3]
 - Perform annual UDS
- And -
- Decrease average MEDD per Opioid prescription
- Treat chronic pain with a multimodal approach^[4]

Current State Process Map:



Target State Process Map



INTERVENTIONS

April 2018	May 2018	October 2018	January 2019	May 2019	July 2019
Opioid Epidemic Act takes effect.	Naloxone Prompt for MEDD > 90.	Alert if CSA not on file within the past year.	Prompt to review PDMP while ordering narcotics.	Inbox refill protocol added.	Opioid Visit Navigator and SmartSet added.

The CDC and HonorHealth recommend a Narcan prescription be provided to every patient potentially receiving ≥ 50 MEDD.

① Additionally, as per The Arizona Opioid Epidemic Act of 2018 legislation, ≥ 90 mg MEDD significantly increases the risk of overdose or death. Providers writing new prescriptions for opioids ≥ 90 mg MEDD are to have a consultation with a pain management specialist.

Signing this order will affect the patient's Morphine Equivalent Daily Dose (MEDD) for outpatient orders. Review the information below to ensure opioid dosing will remain within appropriate limits.

AFTER signing: 360 mg 1 Before signing: 0 mg

UNSIGNED OUTPATIENT OPIOIDS

oxyzCODONE-acetaminophen (PERCOCET) 10-325 mg per tablet
Take 1 tablet by mouth every 1-10 (max) hour as needed for up to 5 days for Pain. Normal, Disp-20 tablet, R-0
Maximum MEDD: 360 mg MEDD for this order

Remove the following orders?
 oxyzCODONE-acetaminophen (PERCOCET) 10-325 mg per tablet
Take 1 tablet by mouth every 1-10 (max) hour as needed for up to 5 days for Pain. Normal, Disp-20 tablet, R-0 Maximum MEDD: 360 mg MEDD for this order

Apply the following?
 naloxone (NARCAN) Intranasal Liquid

Requested Medications

Rx oxyzCODONE-acetaminophen (PERCOCET) 10-325 mg per tablet
Sig: Take 1 tablet by mouth every 6 (six) hours as needed for up to 5 days for Pain.
Disp: 20 tablet Refills: 0
Start: 10/5/2019 - 10/10/2019
Earliest Fill Date: 10/5/2019
Class: No Print

Opioid Protocol Failed: 10/5 10:58 AM

- Urine drug screen in the past year
- PDMP has been reviewed in the encounter.
- Recent (past year) or future visit (3 month) with authorizing provider
- Active on medication list
- Valid pain agreement on file

[Protocol Details](#)

Opioid Pain Management Personalize

A patient signature for consent to be prescribed an opioid is required for all new opioid prescriptions. A consent must also be obtained for receiving more of the same medication unless the patient has also signed a Controlled Substance Agreement for chronic patients. The CSA/Consent needs to be renewed every 365 days.

Last received Opioid Consent Form:
Last received Controlled Substance Agreement:

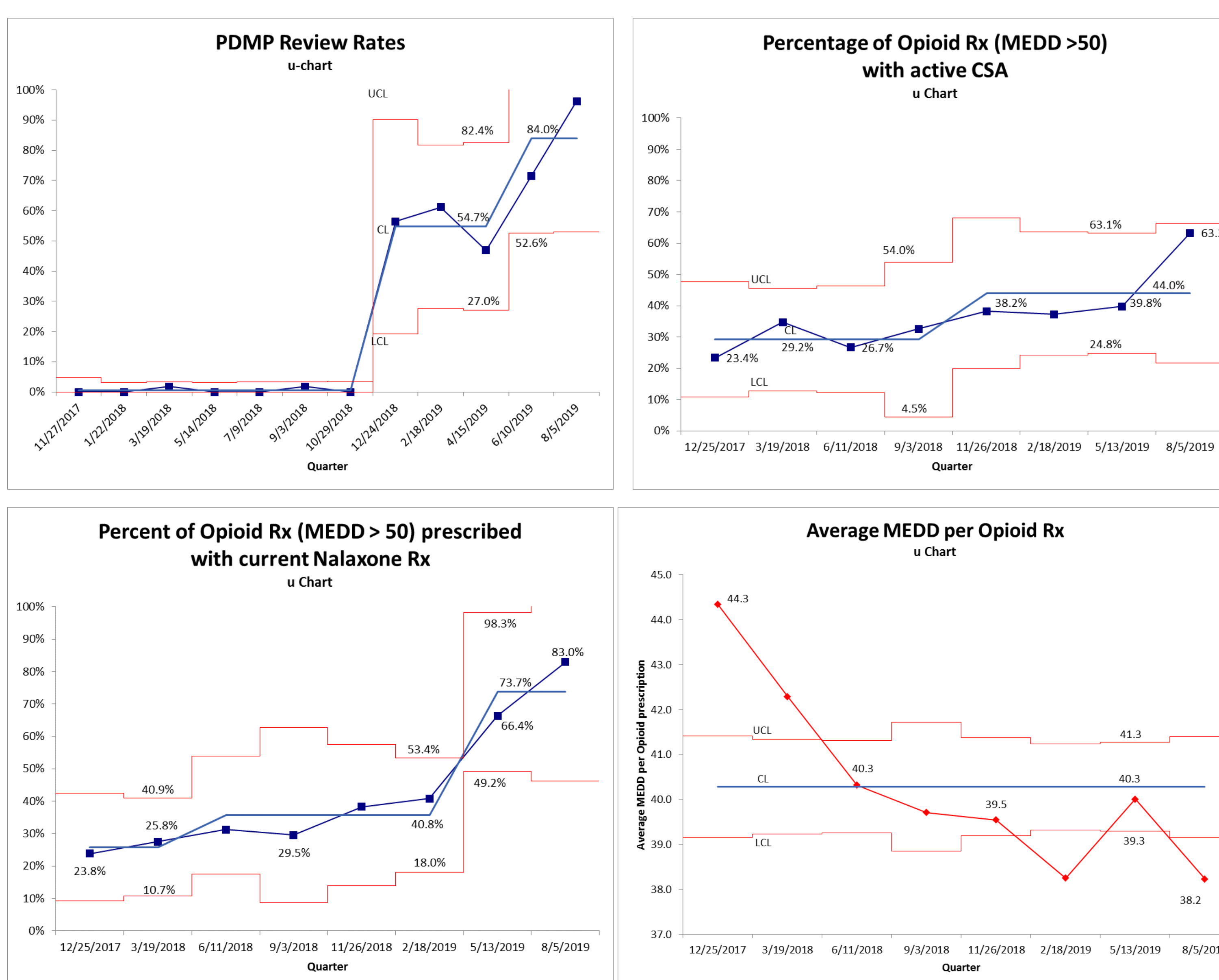
Controlled Substances

Never reviewed

Documentation

- Opioid Note
- Medications**
 - Opioid Reversal Medications
 - Short Acting Medications
 - Long Acting Medications
 - Multimodal Pain Medications
- Labs**
 - Urine Drug Screening Labs
- Referrals**
 - Referrals
 - Ambulatory referral to Pain Clinic
 - Ambulatory referral to Physical Medicine Rehab
 - Amb referral to Pediatric Physical Medicine Rehab
 - Ambulatory referral to Physical Therapy
 - Ambulatory referral to Chemical Dependency
 - Ambulatory referral to Psychiatry
 - Ambulatory referral to Pediatric Psychiatry
- Diagnoses**
 - Diagnoses
- Level of Service**
 - Level of Service
- Follow Up**
 - Follow Up
 - 1 Month is advised for advised for patients at high risk of developing Substance Use Disorder (SUD) – use Opioid
 - Other
 - 1 Month
 - 3 Months

RESULTS & DISCUSSION



- Working in an inter-professional team of physicians, nurses, pharmacists, and IT professionals, we developed and implemented EHR-based systematic changes to improve care for patients on Chronic Opioid Therapy.
- The interventions to date have demonstrated a statistically significant impact on PDMP review rates, CSA rates, and Naloxone prescribing rates.
- Next steps include data collection on balancing measures, rates of adverse opioid-related outcomes, and refining data collection methods to monitor UDS rates.
- The success of this project to date led to the implementation of our interventions to all HonorHealth Primary Care groups, encompassing 31 clinics, over 5000 patients, and more than 100 primary care providers.

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