



# Public Policy and Best Practices for Reducing Opioid Harm

State Capital Building, Harrisburg PA

June 6, 2018



Trinity Health

Livonia, MI



Mercy Health System



 **Mercy Health System**



93 hospitals across 22 States: 4 Acute Care Hospitals in PA

Extensive community programs including Community Health and Behavioral Health



# Trinity Initiative



- **Aligning measures with current evidence and national guidelines**
- **Appropriate opioid prescribing and utilization, that includes opioid prescribing limits of up to 7-days for treatment of acute pain in opioid naïve patients.**
- **Positive, not punitive, culture for clinicians to embrace feedback on prescribing patterns**
- **Provide education to ensure all prescribers understand multi-modal approach to pain**
- **Optimizing Prescription Drug Monitoring Programs (PDMP)**
- **Monthly Clinician-level data reporting on opioid prescribing metrics in real-time**

## OUR Focus

A collaborative effort of physicians, clinicians and leaders from across Trinity Health developing impactful, patient-centered opioid utilization stewardship strategies to address the opioid epidemic.

### Trinity Health stance advocates for:

Up to **7-day Opioid Prescribing Limit** for management of acute pain in opioid naïve patients

- PDMP Utilization
- Monitoring compliance with
- [The Joint Commission Pain Assessment and Management Standards](#)
- Wide dissemination of [CDC guidelines](#)



# Standardizing Approaches to Opiate Utilization across the Health System

pulse LINK

Home News Browse Apps Create Pulse

 **EXTERNALLY ACCESSIBLE**  
Opioid Utilization Reduction (OUR) Care Optimization Team

Overview Activity Content People Projects Calendar

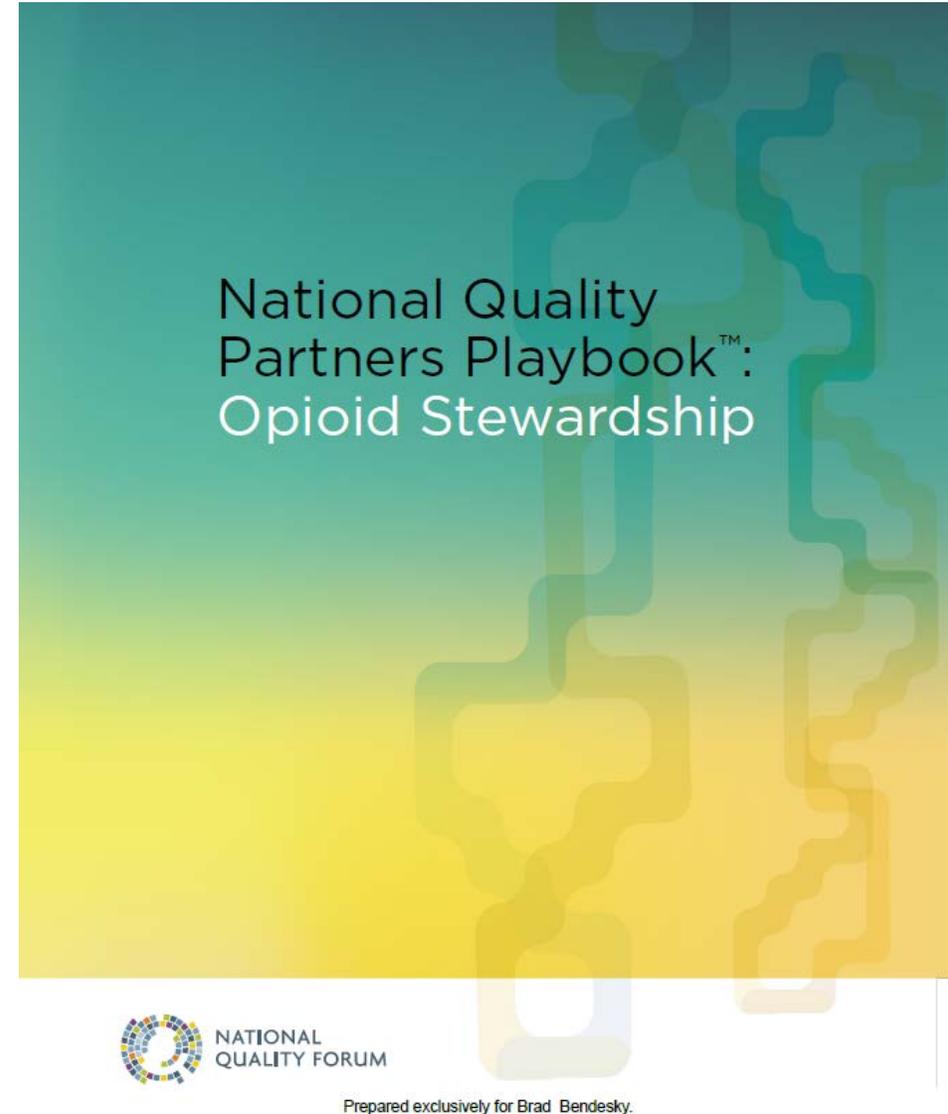
Clinician Education	Links to National Guidelines	Patient Education
Advocacy	Ask a Question	Articles
OUR Team Roster	Talk to your Peers	Data and Analytics
Ministry Exemplars	OUR Team Documents	Tools and Resources

Monthly Webex with representatives from all ministries to guide implementation of policies that impact OUR.



# Best Practices Review and Implementation

NQF developed the NQP Playbook™: Opioid Stewardship in March 2018 with input from the NQP Opioid Stewardship Action Team. The NQP Playbook provides concrete strategies and implementation examples for healthcare organizations and clinicians committed to effective pain management and opioid stewardship.





<b>Project Name:</b> Opioid Utilization Reduction (OUR)	<b>Executive Sponsors:</b> Susan Cusack PhD Sharon Carney MD
<b>Date:</b> January 2018	<b>Clinical Lead:</b> Brad Bendesky, MD

## 1. PROBLEM STATEMENT

The U.S. is in the midst of an unprecedented opioid overdose epidemic. Drug overdose is the leading cause of accidental death in the US, with 52,404 accidental drug overdoses in 2015. Almost 2/3 of accidental overdoses are attributed to opiates. <sup>1</sup> At the same time, patients experience pain and expect the pain to be controlled, while clinicians and providers struggle between managing the pain and responsibly prescribing opioid medication. While many people who become addicted to prescription opioids are started by taking a medication to relieve pain as prescribed by their physicians, there is also the contributing factor of the ever increasing opioid reservoirs due to the amount of opioids prescribed and not taken, that end up in medicine cabinets and then inappropriate use occurs. The chronic use of opioids can lead to use of other non-prescription drugs, with approximately 75% of heroin users having started on the road to addiction with a prescription drug (Martin et. Al. 2016). A multi-faceted approach will be required to address this complex issue for our patients and our community. Within our regional ministry, which includes Mercy Fitzgerald Hospital, Mercy Philadelphia Hospital and Nazareth Hospital, an increase in opiate related illness, injury and death have been observed. Over 1000 deaths can be attributed to opiate overdose in Delaware and Philadelphia Counties alone in 2017.



# OUR/PM Monthly meeting with representatives from 3 hospitals

**Emergency Medicine**  
**Primary Care (OP)**  
**Internal Medicine**  
**Surgery**  
**Palliative Care**  
**Pain management**  
**Pharmacy**

**Nursing Administration**  
**Advocacy**  
**Anesthesia**  
**Education**  
**Clinical Informatics/IT**  
**Quality/Regulatory**

MERCY HEALTH SYSTEMS  
 Opiate Utilization Committee Meeting  
 April 11, 2018

MINUTES OF: Opiate Utilization Committee

**ATTENDANCE:** Dr. Brian Hannah, Dr. Ira Smith, Dr. Helen Thorpe, Dr. Brad Bendesky, Mike Golasa, MSN, MHA, RN, Cathy Cardillo, Sue Cusack RN, PhD, MBA (P), Dr. Nutan Winston (P), Kelly Morrison, PharmD, Dr. Riaz Baba, Dr. Paige McLaughlin, Linda Kauffman, DNP, RN, NEA-BC, Mary E. Turchi, Dr. Menachem Meller (P), Maurita Marhalik RN, BSN, MS

**EXCUSED:** Dr. Piotr Krecioch, Roger McBride

AGENDA	DISCUSSION/CONCLUSION	RESPONSIBLE PARTY	FOLLOW-UP
<p>I. Attendance/Call to Order</p> <p>II. Dr. Bendesky opened the meeting with a reflection.</p> <p>a. Review of Trinity (OUR) committee progress</p> <p>b. Review of Goals</p>	<ul style="list-style-type: none"> <li>• Review and approval of minutes from previous meeting</li> <li>• Report to group re: updates in the Trinity OUR initiative and goals</li> <li>• Report on SE Regional Summit: Warm Handoff for Opiate OD Survivors-attended by representatives from Mercy SEPA</li> <li>• Review initiatives that are part of OUR committee:</li> </ul> <ol style="list-style-type: none"> <li>1. Opiate Utilization Reduction</li> <li>2. Pain management strategies for acute/chronic pain</li> <li>3. Treatment of those with OUD (Opiate Use Disorder)</li> </ol>	<p>Brad Bendesky, M.D.</p> <p>Brad Bendesky, M.D.</p>	<p>Continue to monitor</p>



# Policy Review

 **Mercy Health System**  
A Member of Trinity Health

---

**POLICY/PROCEDURE TITLE:**  
**OPIOID PRESCRIBING IN THE EMERGENCY DEPARTMENT**

**EFFECTIVE DATE: 11/30/2015**  
**LAST REVIEW DATE: 11/30/2017**

**REVIEW BY: 11/30/2018**

---

*As with all Mercy Health System (MHS) policies, we strive to advance our mission: "We, Mercy Health System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. In fulfilling our mission, we have a special concern for persons who are poor and disadvantaged." By so doing, we live out our Core Values of Reverence, Commitment to those who are Poor, Justice, Stewardship, and Integrity.*

Physicians discuss opiate Rx limitations to 3-5 days if warranted at all. No opiates/CS for chronic pain. No long acting meds. No refills or replacement Rx. Referral for SUD encouraged.

 **Mercy Health System**  
A Member of Trinity Health

---

**Mercy Physician Network: Controlled Substances Agreement**

**Program Statement:**

Controlled substances can be useful in the treatment of certain medical conditions. Examples include, but are not limited to, the treatment of moderate to severe pain (opioids and tramadol), anxiety (benzodiazepines), sleep disorders (various) and attention deficit disorder or weight loss (stimulants). The Federal Drug Enforcement Agency regulates the prescribing of Controlled Substances. These powerful drugs have the potential for abuse or diversion and they are associated with a number of serious side effects, including death. Problems associated with the misuse and diversion of these drugs has reached epidemic proportion around the county.

Physicians utilizing "Pain Contracts" with patients to eliminate misunderstanding regarding opiate Rx and using this as an educational tool prior to procedures and prior to treatment for ongoing pain



# Modification of Prescription Habits/Screening

Log In



**Log In**

Email

Password

[Reset Password](#)

**Log In**

**Create an Account**

[Need Help?](#)

Browsers Supported     (8+)

**Single Sign On  
Links available in all EHR:**

Facilitates auto-logon to PDMP  
(Full integration pending)

ED (PICIS)  
OP (ATHENA)  
IN (MEDITECH)



# Tracking Opiate Utilization-ED/IP/OP

## Reduce over-prescribing through individual feedback to medical providers:

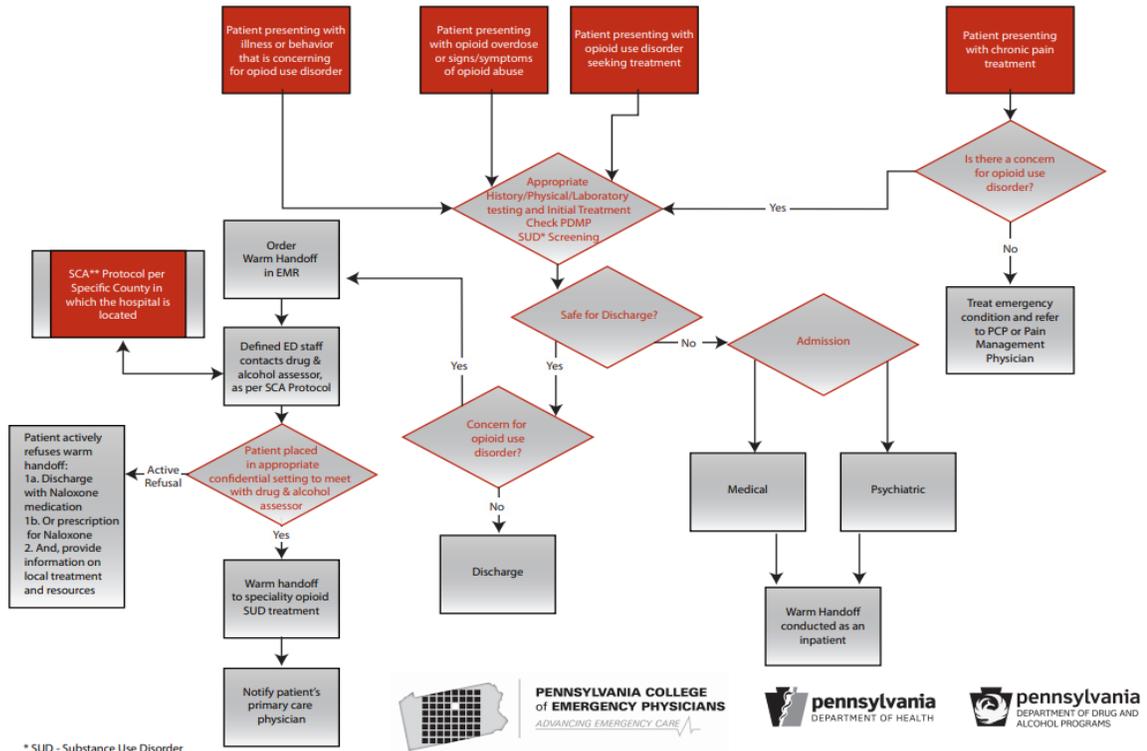
Prescriptions/Entry By	Site	AG	EAM	ECM	ECS	EDB	EEH	EKL	EKZ	EMG
HYDROcodone-acetaminophen : TABLET : 5 mg-325 mg : ORAL	Mercy Fitzgerald Hospital	0	0	0	7	0	0	0	1	0
HYDROcodone-acetaminophen : capsule : 5 mg-500 mg : ORAL	Mercy Fitzgerald Hospital	0	0	0	0	0	0	0	0	0
HYDROcodone-acetaminophen : tablet : 5 mg-325 mg : ORAL	Mercy Fitzgerald Hospital	0	0	0	0	0	0	0	0	0
Phenergan-Codeine : SYRUP : 6.25 mg-10 mg/5 mL : ORAL	Mercy Fitzgerald Hospital	0	0	0	0	0	3	0	0	0
Tylenol-Codeine #3 : tablet : 300 mg-30 mg : ORAL	Mercy Fitzgerald Hospital	0	0	0	0	0	0	0	0	0
Ultram : TABLET : 50 mg : ORAL	Mercy Fitzgerald Hospital	0	0	2	0	0	0	0	0	0
acetaminophen-codeine : tablet : 300 mg-30 mg : ORAL	Mercy Fitzgerald Hospital	0	1	0	0	0	0	0	0	1
oxyCODONE : capsule : 5 mg : ORAL	Mercy Fitzgerald Hospital	0	0	0	0	0	0	0	0	0
oxyCODONE : tablet : 10 mg : ORAL	Mercy Fitzgerald Hospital	0	0	0	0	0	0	0	0	0
promethazine-codeine : syrup : 6.25 mg-10 mg/5 mL : ORAL	Mercy Fitzgerald Hospital	0	0	0	0	0	1	0	0	0
traMADol : tablet : 50 mg : ORAL	Mercy Fitzgerald Hospital	0	0	0	1	1	1	0	0	2
<b>TOTAL of each Rx Per Provider:</b>	Mercy Fitzgerald Hospital	0	1	2	8	1	5	0	1	3

Bi-annual review of opiate Rx practices –measured against colleagues



# Treatment of SUD/Warm Hand Off

## Emergency Department Warm Handoff: For Opioid Use Disorder



\* SUD - Substance Use Disorder  
 \*\* SCA - Single County Authority/County Drug & Alcohol Office



PENNSYLVANIA COLLEGE  
 of EMERGENCY PHYSICIANS  
 ADVANCING EMERGENCY CARE



DDAP-CHART-025 08/17/2017



## Mercy Health System

A Member of Trinity Health

### Mental Health Services

Effective mental health treatment involves more than medicine. Mercy Health System is committed to treating the whole person—physically, emotionally, and spiritually—through its comprehensive mental health services.

Mercy Health System is committed to providing high quality addiction treatment and services in both inpatient and outpatient settings. We offer a number of treatment options for alcohol and drug treatment, mental health treatment, psychosocial treatment and crisis intervention.

### Our Mental Health Services & Treatment Options

Consultation Services through Mercy Fitzgerald

Crisis Intervention at Mercy Health System Crisis Centers

Detox Services

Inpatient Services

Outpatient Services & Outpatient Addiction Treatment

Community Care Program (CCP) through Mercy Fitzgerald

**SURVIVING AN OVERDOSE:**  
**NEXT STEPS ON THE**  
**ROAD TO RECOVERY**





# EDUCATION



## OUR Education Resource Document



Prescribers (MD/DO/APRN/PA) are required to complete two hours of education prior to June 30, 2019  
Nurses and Pharmacists are required to complete one hour of education prior to June 30, 2019

Educational Need Education Objective	CE Offered	Provider Education Description	Recommended Audience
<b>Wide Dissemination of CDC Guidelines for Prescribing Opioids for Chronic Pain Recommended</b>			
<b>Educational Need</b> <ul style="list-style-type: none"> <li>Prescribing for Chronic Pain</li> <li>Prescribing for Acute Pain (CDC Recommendations)</li> <li>Non-Opioids Treatment for Pain</li> </ul>	CME CNE CPE	<b>Center for Disease Control (CDC)</b> <b>CDC Guidelines and Infographics for prescribing Opioids for chronic pain</b>  CDC Offers training specifically related to these Guidelines: <a href="#">Online Training</a> for healthcare providers about applying CDC prescribing guidelines <a href="#">Online training</a> for healthcare providers about treating chronic pain without opioids Provides free CE credits for nursing, medicine, <a href="#">pharmacy</a> , and others  Using Prescription Drug Monitoring Programs (PDMPs) to improve <a href="#">Patient Safety Guidelines Mobile App</a> includes MME Calculator and interactive motivational interviewing feature  <b>Pharmacists: On the Front Lines</b> Addressing Prescription Opioid Abuse and Overdose	MD/DO/PA/APRN/ Pharmacist
<b>OUR Educational Objective</b> <ul style="list-style-type: none"> <li>Identify safe opioid dosing for patients with and without substance use disorders</li> <li>Describe the risks of opioid medication misuse to patients and families</li> <li>Identify risk factors for substance use disorders</li> </ul>			
<b>Endorsed OUR Education for ALL with CE</b>			
<b>Educational Need</b> <ul style="list-style-type: none"> <li>Identification of SUD</li> <li>Assessing Patient Risk</li> <li>Risk and potential harms of Opioids</li> </ul>	CME CPE	<b><a href="#">Pathways to Safer Opioid Use</a></b> is a free interactive training that promotes the appropriate, safe, and effective use of opioids to manage chronic pain. It's based on the opioid-related recommendations in the <a href="#">National Action Plan for Adverse Drug Event Prevention (ADE Action Plan)</a> .  During the training, participants make decisions in the scenarios as 1 of 4 different roles (primary care physician, nurse, pharmacist, and patient) who have the potential to prevent opioid-related ADEs.  Please note: It's not possible to save your place if you need to stop before finishing the training, so be sure to allow time to complete the training all at once.  <b>DURATION: one hour</b>	MD/DO/PA/APRN Physician Role Patient Role  RN: Nurse Role Patient Role  Pharmacist: Pharmacist Role Patient Role  SW, Spiritual Care, Care Management, MA, PCT, OT, PT: Patient Role
<b>OUR Education Objective</b> <ul style="list-style-type: none"> <li>Identify non-stigmatizing language that can be used to communicate about opioid use</li> <li>Identify/Utilize elements of comprehensive functional pain assessment</li> <li>Describe potential benefits of non-opioid and non-pharmacologic therapy in treatment of pain</li> <li>Shared decision making strategies to design individualized pain management plan of care</li> <li>Identify safe opioid dosing for patients with and without substance use disorders</li> <li>Describe the risks of opioid medication misuse to patients and families</li> <li>Identify risk factors for substance use disorders. Explain safe disposal of opioid medications to patients and families</li> </ul>			

Educational resource packet with expectation of completion of CME/CE prior to June 2019

In addition to local educational offerings that include lectures, participation in local summits and meetings with local officials



# Quality Scorecard

## APPENDIX 2018 Monitoring Tool for Pain Management

Measure with Benchmark Goal 100%	Methodology/ Source			
<b>Pain Medication Order is appropriate/utilizing clearly defined pain scale parameters Mild= 1-3 Moderate= 4-6 Severe 7-10</b>	Pharmacy checking physician order for parameters			
<b>Pain Medication is administered by according to order parameters and to the patient's assessed pain level</b>	Physician order is crossed checked against the Nursing Pain Assessment for agreement			
<b>Reassessment of pain is ongoing &amp; performed prior to next administration of pain medication</b>	Check MAR for Pain Reassessment			
<b>Only one opioid agent is prescribed for the same indication</b>	Utilize active order list and review for duplication			
<b>PO conversion is performed for IV opiates &gt; 48 hrs./unless physician documentation of a contraindication</b>	Pharmacy utilizes Senti 7 list of opiate duration			
<b>Nonpharmacologic pain treatment modalities are offered and utilized</b>	Care Trends Pain section Pain Management Techniques or Care Activity Section Pain Assessment			
<b>Patient Education for Pain Medication is completed and written instructions are provided.</b>	Sources: Concurrent Patient Education Section, or entry in nursing discharge note			



# Public Policy Requests

- Ensure safe, appropriate access to patients' substance use disorder (SUD) treatment history.
- Enhance prescription drug monitoring program (PDMP) technology and funding to support full integration with electronic health records (EHRs)
- Advance access to non-opioid and non-pharmacological alternative approaches to pain management.
- Support a team-based workforce to meet community need
- Expand access to treatment for both Pain management and SUD with consistent insurance guidelines
- Limit specific regulations that may be unreasonably burdensome for providers caring for patients seeking both hospice and palliative care



Questions?