Temple Substance Abuse task Force
April 11, 2019

Temple Health
Strategy for
Addiction Medicine
and the Opioid Epidemic
The Temple Health Strategy for Addiction Medicine

Substance Abuse Task Force
Action Plan
Sub-Committees (2019)

Clinical Sites
- TUP
- TPI
- FQHCs
- Health District Clinics

Acute Care Sites
- TUH ED
- Episcopal Campus
- CRC and ED

Partnerships
- City and State Agencies: Funding and Policy Development

Sub Committee
“TRUST” Center
Chair
- Joseph Dorazio, MD
- David O’Gurek, MD
Description
A multidisciplinary addiction medicine center in a “hub and spoke” model (PaCMAT program) 1/14/2019

Sub Committee
Cease Addiction: Begin the Turn
Chair
- Kathy Reeves, MD
Description
Prevention & harm reduction through a street based intervention and a mobile unit

Sub Committee
Proactive Identification of Patients at Risk; Immediate Intervention; Addressing SDH
Chair
- Susan Freeman, MD, MS
Description
Identifying and screening patients at risk for addiction and unmet health related social needs and linking them to solutions; warm handoffs

Sub Committee
Physician Prescribing Practices (Amb. and Inpatient)
Chair
- Amb: Gary Trehan, MD
- Marc Hurowitz, DO
- Inpt: Matt Philp, MD
- Thom Santora, MD
Description
Identification of prescribing practices with physician specific data and feedback; guidelines for acute and chronic pain management in all settings

Sub Committee
Education and Research
Chair
- Ellen Unterwald, PhD
Description
UME, GME, CME Curricula Basic and Clinical Research

Sub Committee
Interdisciplinary Wellness
Chair
- Betty Craig, DNP, RN
Description
Identify interprofessional opportunities for education, provider wellness and collaboration
Prescribing Practices Subcommittee Charter

GOALS

• Overall reduction in opioid prescribing practices

• Identification of prescribing practices with physician specific data and feedback
Prescribing Practices Subcommittee Charter

TACTICS

• System-wide tools for chronic opioid prescribing and universal narcotic agreements

• Physician Tools
  – Chronic opioid dashboard
  – PDMP integration into Epic
  – MME Tools in Epic (coming Spring/Summer 2019)

• Update opioid defaults (c/w guidelines)

• ERAS Protocols
Prescribing Guidelines

Universal Guidelines adopted at Temple University Hospital, Jeanes Hospital,

Opioid Prescribing Guidelines for Chronic Pain
“Best Practices” for both the Specialist and Primary Care Practitioner

Summarization and Review of recent Safe Prescribing Practices from:

1. FDA: ER / LA Opioid REMS Program
2. CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016
3. PAMED: Pennsylvania Guidelines on the Use of Opioids to Treat Chronic Non-Cancer Pain
5. American Pain Society response to CDC guidelines – March 18, 2016

• Providers should be aware that opioid dosage should be individualized in every case and titrated based on efficacy and tolerance. Prescribers should periodically assess patients for the continued need for opioids along with assessing the benefits and side effects of the prescribed opioids.
  o When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥250 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day (CDC recommendation category: A, evidence type: 3).
  o Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥250 MME/day), or concurrent benzodiazepine use, are present (recommendation category: A, evidence type: 4).
NARCOTIC AGREEMENT

JEANES HOSPITAL
CONTRACT FOR PATIENTS RECEIVING OPIOID MEDICATIONS
(PATIENT PRESCRIBER AGREEMENT)

The purpose of this contract is to ensure that patients and caregivers clearly communicate regarding the safety, effectiveness and maintenance of a treatment plan.

- Universal comprehensive narcotic agreement made available to Temple University Hospital, Jeanes Hospital, Temple University Physicians and Temple Physicians, Inc. in Fall 2018
- Compliance with getting narcotic agreements measured on provider dashboard.
### Chronic Opioid Dashboard

<table>
<thead>
<tr>
<th>Metric</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic Agreement Recorded in Epic</td>
<td>4%</td>
<td>6%</td>
<td>10%</td>
<td>16%</td>
<td>18%</td>
<td>23%</td>
</tr>
<tr>
<td>Recent Urine Drug Screen</td>
<td>27%</td>
<td>36%</td>
<td>41%</td>
<td>52%</td>
<td>60%</td>
<td>61%</td>
</tr>
<tr>
<td>Recent Visit with Opioid Prescribing</td>
<td>79%</td>
<td>77%</td>
<td>79%</td>
<td>82%</td>
<td>79%</td>
<td>81%</td>
</tr>
<tr>
<td>Concurrent Benzodiazepine Use</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Active Naloxone Prescription</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

- Made available to providers in October 2018.
- Scores provider on the following 5 measures for patients with 3 or more opioid scripts in the past 12 months (chronic pain).
- Next Steps:
  - Add PDMP Compliance Measure
  - Provide Feedback on Morphine Milligram Equivalents (MMEs) prescribed.
PDMP Integration into Epic

- PDMP Integrated into Epic in December 2018
- Allows clinicians to check prescription history more easily
- Creates the ability to build dashboards on PDMP compliance into Epic.

Prescription Metrics Trending

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Opioid Prescriptions Without PDMP Review</td>
<td>33%</td>
<td>13%</td>
<td>8%</td>
<td>6%</td>
<td>5%</td>
<td>10%</td>
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</table>
MME Tools in Epic

- Dashboards showing morphine equivalent daily dose will be going live with Epic upgrade in January 2019

![Outpatient Morphine Equivalent Daily Dose (MEDD)](image)

<table>
<thead>
<tr>
<th>Date Range</th>
<th>MEDD</th>
</tr>
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<tbody>
<tr>
<td>1/3/18 - 1/4/18</td>
<td>95 mg</td>
</tr>
<tr>
<td>1/5/18 - 1/12/18</td>
<td>32 mg</td>
</tr>
<tr>
<td>1/13/18 and after</td>
<td>None</td>
</tr>
</tbody>
</table>

- Next Steps: Build and implement dashboards showing morphine equivalence daily dose (MEDD) – expected in spring 2018

![Provider Opioid Prescriptions](image)

<table>
<thead>
<tr>
<th>Category</th>
<th>Q2 '17</th>
<th>Q3 '17</th>
<th>Q4 '17</th>
<th>Q1 '18</th>
<th>QTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions for Opioids</td>
<td>219</td>
<td>301</td>
<td>229</td>
<td>124</td>
<td></td>
</tr>
<tr>
<td>MEDD 90+ Prescriptions</td>
<td>29</td>
<td>33</td>
<td>18</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>MEDD 50-90 Prescriptions</td>
<td>18</td>
<td>35</td>
<td>21</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>MEDD &lt;50 Prescriptions</td>
<td>75</td>
<td>73</td>
<td>93</td>
<td>54</td>
<td></td>
</tr>
</tbody>
</table>

- % Opioid Prescriptions
- % Opioid Prescriptions with Total Days Supply >7
- % Long-Term Opioid Prescriptions Without Pain Agreement
- % High MEDD Opioid Prescriptions Without Naloxone

1/14/2019
Changes to Epic Defaults

- **Ambulatory:** Base system level defaults for opioids standardized.
  - Defaults changed to **10 tablets for all opioid tablets and 5 patches for all fentanyl patches**
  - Provider education to change personal defaults to minimum necessary.

- **Inpatient:** All controlled substance medication orders at TUH are defaulted to expire in 72 hours with the following exceptions:
  - Methadone, Suboxone, Subutex and other medication assisted treatment detoxification maintenance doses will have a duration of 5 days
  - Phenobarbital and other benzodiazepine doses will have a duration of 5 days

- **Surgery:** Standardized discharge order set based on the Michigan Surgical Quality Collaborative (NSQC) recommendations that guide clinicians on discharge medications.
POST PROCEDURE PRESCRIBING: OPTIONS FOR PAIN CONTROL

• Multimodal Approach:
  – Peri-operative nerve blocks where appropriate
  – Focus on “Opioid Free” and “Opioid-less” options

• Enhanced Recovery After Surgery (ERAS) Protocols
  – Implemented in Colorectal and Orthopedic surgery
  – Cardiac surgery next in line
  – Team includes surgeons, anesthesiologists/pain medicine and addiction medicine, nursing

• Standard screening tool to identify patients at risk pre-procedure
• Coordination with Pre-Admission Testing (PAT)
  – Especially high risk patients (e.g. h/o substance abuse, high preop opioids)

• Aggressive patient and family education
• Aggressive post-discharge follow-up with patient support as needed
Opioid Alternatives: Nerve Blocks

TUH APS Peripheral Nerve Blocks

* projected for the 2018 calendar year
Colorectal ERAS Outcomes

**Elective Laparoscopic Procedures**

- Observed LOS: 4.69, 5.34, 5.93
- Expected LOS: 4.97, 6.57, 5.93
- Pathway Implemented

<table>
<thead>
<tr>
<th>LOS Index</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019 YTD Jan</th>
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</thead>
<tbody>
<tr>
<td>LOS Index</td>
<td>0.91</td>
<td>0.76</td>
<td>0.72</td>
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</tbody>
</table>

**Elective Open Procedures**

- Observed LOS: 7.19, 7.47, 6.59
- Expected LOS: 8.40, 7.43, 6.59
- Pathway Implemented

<table>
<thead>
<tr>
<th>LOS Index</th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019 YTD Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS Index</td>
<td>1.04</td>
<td>1.13</td>
<td>0.70</td>
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</tbody>
</table>
STANDARDIZED SURGERY DISCHARGE ORDER SET

Discharge

Review Home Medications  1. Reconcile Orders for Discharge  2. Order Sets

Place New Orders

Order Sets

General Surgery Discharge Pain Medication  Personalize

Non-Narcotic Medications

Pain Medication
- acetaminophen (TYLENOL) 1000 mg tablet q6h pm
  Disp: 30 tablet, R: 0
- ibuprofen (ADVIL, MOTRIN) 800 mg tablet q6h pm
  Disp: 30 tablet, R: 0
- celecoxib (CELEBREX) 200 mg capsule BID
  Disp: 20 capsule, R: 0
- gabapentin (NEURONTIN) 300 mg capsule TID
  Disp: 30 capsule, R: 0

Narcotic Medications

Opioid Prescription Recommendations For Surgery
These recommendations are from the Michigan Surgical Quality Collaborative (MSQC).
"Preventing Chronic Opioid Use and Abuse Before it Starts"

- Laparoscopic Cholecystectomy
- Laparoscopic Appendectomy
- Inguinal/Femoral Hernia Repair (open/laparoscopic)
- Open Incisional Hernia Repair
- Laparoscopic Colectomy
- Open Colectomy
- Ileostomy/Colostomy Creation, Re-siting, or Closure
- Open Small Bowel Resection or Enterolysis
- Thyroidectomy
- Hysterectomy
- Breast Biopsy or Lumpectomy alone
- Lumpectomy + Sentinel Lymph Node Biopsy
- Sentinel Lymph Node Biopsy Alone
- Simple Mastectomy ± Sentinel Lymph Node Biopsy
- Modified Radical Mastectomy or Axillary Lymph Node Dissection
- Wide Local Excision ± Sentinel Lymph Node Biopsy

Narcotic Medications

Opioid Prescription Recommendations For Surgery
These recommendations are from the Michigan Surgical Quality Collaborative (MSQC).
"Preventing Chronic Opioid Use and Abuse Before it Starts"

- Acetaminophen-codeine (TYLENOL-CODEINE #3) 300-30 mg per tablet
  Disp: 15 tablet, R: 0
- tramadol (ULTRAM) 50 mg tablet
  Disp: 15 tablet, R: 0
- oxycodone (ROXICODONE) 5 mg immediate release tablet
  Disp: 10 tablet, R: 0
- HYDROcodeine-acetaminophen (NORCO) 3-225 mg per tablet
  Disp: 15 tablet, R: 0
- HYDROMORphone (DILAUDID) 2 mg tablet
  Disp: 10 tablet, R: 0
OVERALL PRESCRIBING TRENDS

*Note: These data include all prescribing in the ambulatory context of Epic, including prescriptions from outpatient clinics and discharge medications.

Decreased MMEs and scripts indicate that each patient is receiving fewer narcotics on average.
MME Prescribing Trends by Specialty

Family Medicine

Internal Medicine

General Surgery
MME Prescribing Trends by Specialty

Obstetrics and Gynecology

- 2014: 524,136
- 2015: 270,351
- 2016: 183,712
- 2017: 66,687
- 2018: 31,037

Pain Medicine

- 2014: 9,109,126
- 2015: 832,525
- 2016: 744,356
- 2017: 614,204
- 2018: 671,550

Orthopedic Surgery and Sports Medicine

- 2014: 7,440,464
- 2015: 76,685
- 2016: 70,906
- 2017: 42,125
- 2018: 13,676

Temple Health
Temple Health Opioid Stewardship

• 44% reduction in Ambulatory opioid prescription 2014 – 2018
  – 42% Medicine; 71% Surgery – well supported
Temple Health Opioid Stewardship

• Next Steps
  – Inpatient opioid administration data
  – Reevaluate discharge defaults
  – Institutional DEA credentials for residents
  – Patient facing education – final formatting
  – Prescriber facing education – content approved
  – Developing referral and consult pathways for TRUST Clinic and Pain Medicine