


Opioid Stewardship Program (OSP) Quickinar Session 3

Claudia Kinsella, Quality Improvement Specialist

Jeff Francis, Quality Improvement Specialist

Thursday, November 18, 2021

HSAG HEALTH SERVICES ADVISORY GROUP

Last Session's Action Items

1. Form a team and complete OSP Assessment

2. Enter assessment results into QIIP: https://qiip.hsag.com

3. Review a reference listed on the assessment related to one of your gap areas.

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Opioid Stewardship 101

Holly Geyer
MD

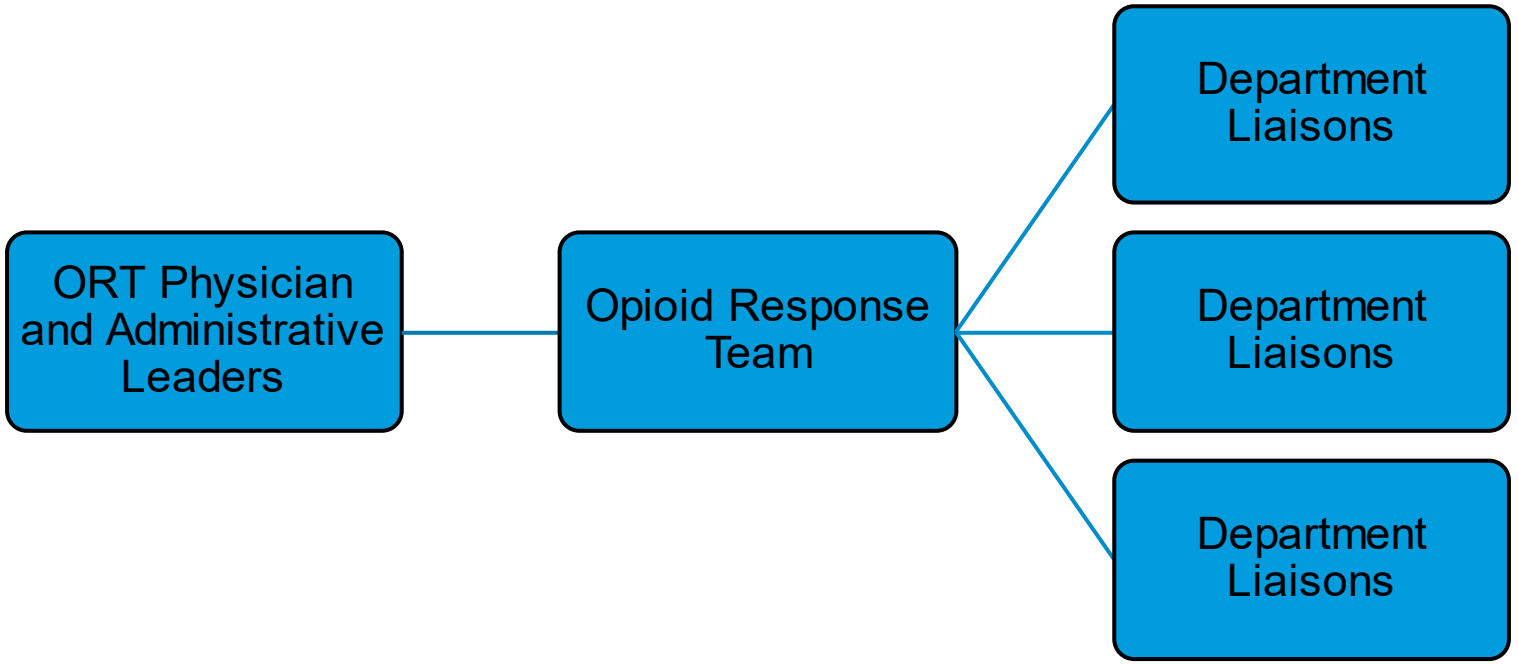
Key Questions

- Does Opioid Stewardship impact overdose deaths?
- What is Opioid Stewardship?
- Who needs to be engaged in Opioid Stewardship?
- Is there a right way to execute Opioid Stewardship?

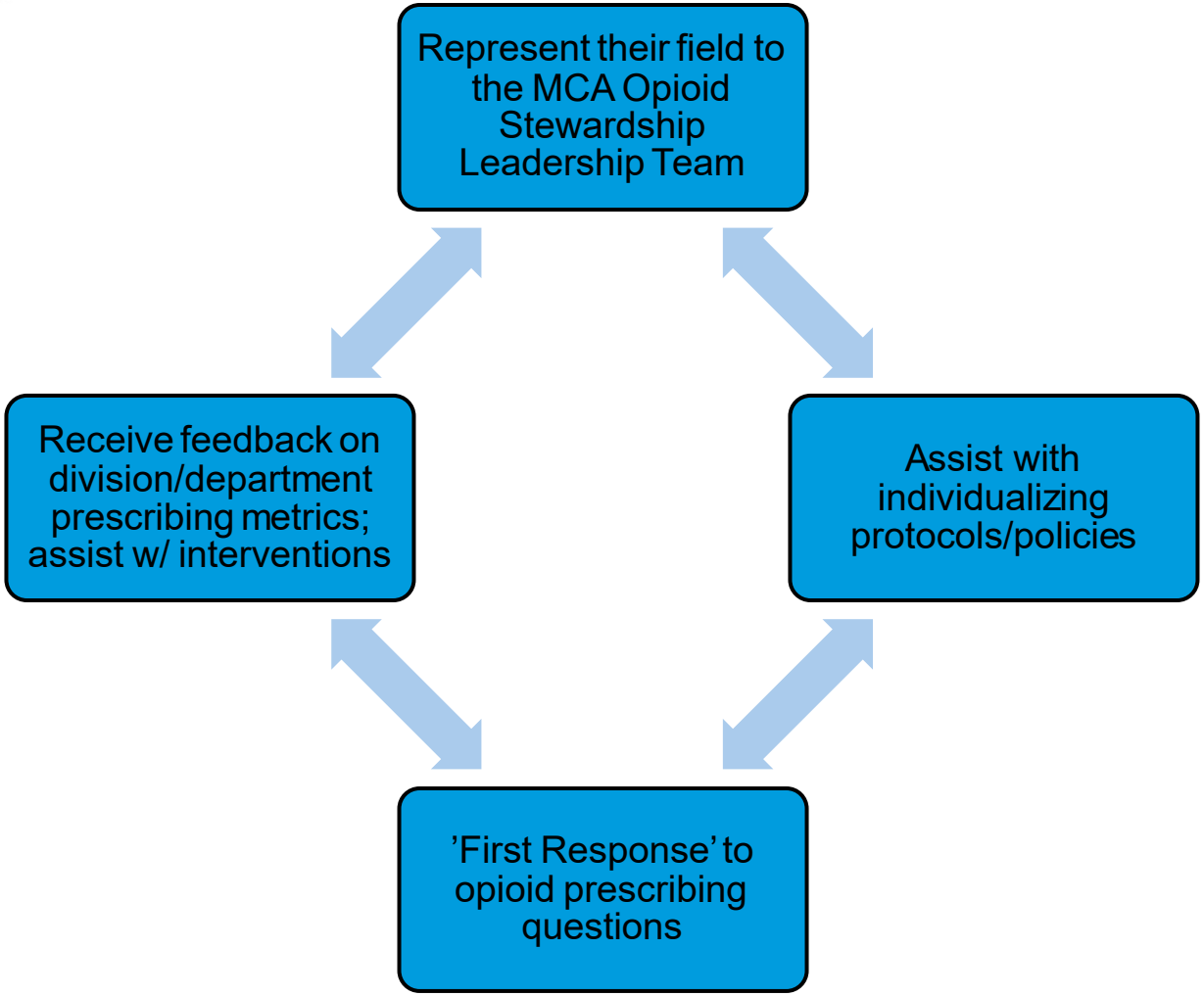
An Institutional Response

Mayo Clinic Opioid Stewardship Program Initial Response Team

Mayo Clinic AZ Opioid Team Structure



Opioid Prescribing Liaison (OPL) Roles



Kickoff: OPLs are Requested to:

1. Review the Opioid Stewardship Website
2. Host a division/department meeting to review MCA policies
3. Review current division/department prescribing metrics
    a. Consider % reduction goals
4. Meet with division/department leadership to discuss individualized opioid prescribing protocols (OA, Division Chair/Assoc. Chair)

OVERPRESCRIBING CONSEQUENCES

SO WHAT'S THE BIG DEAL?

OPIOID USE DISORDER/ADDICTION

MISUSE

CHRONIC PAIN
AMPLIFICATION

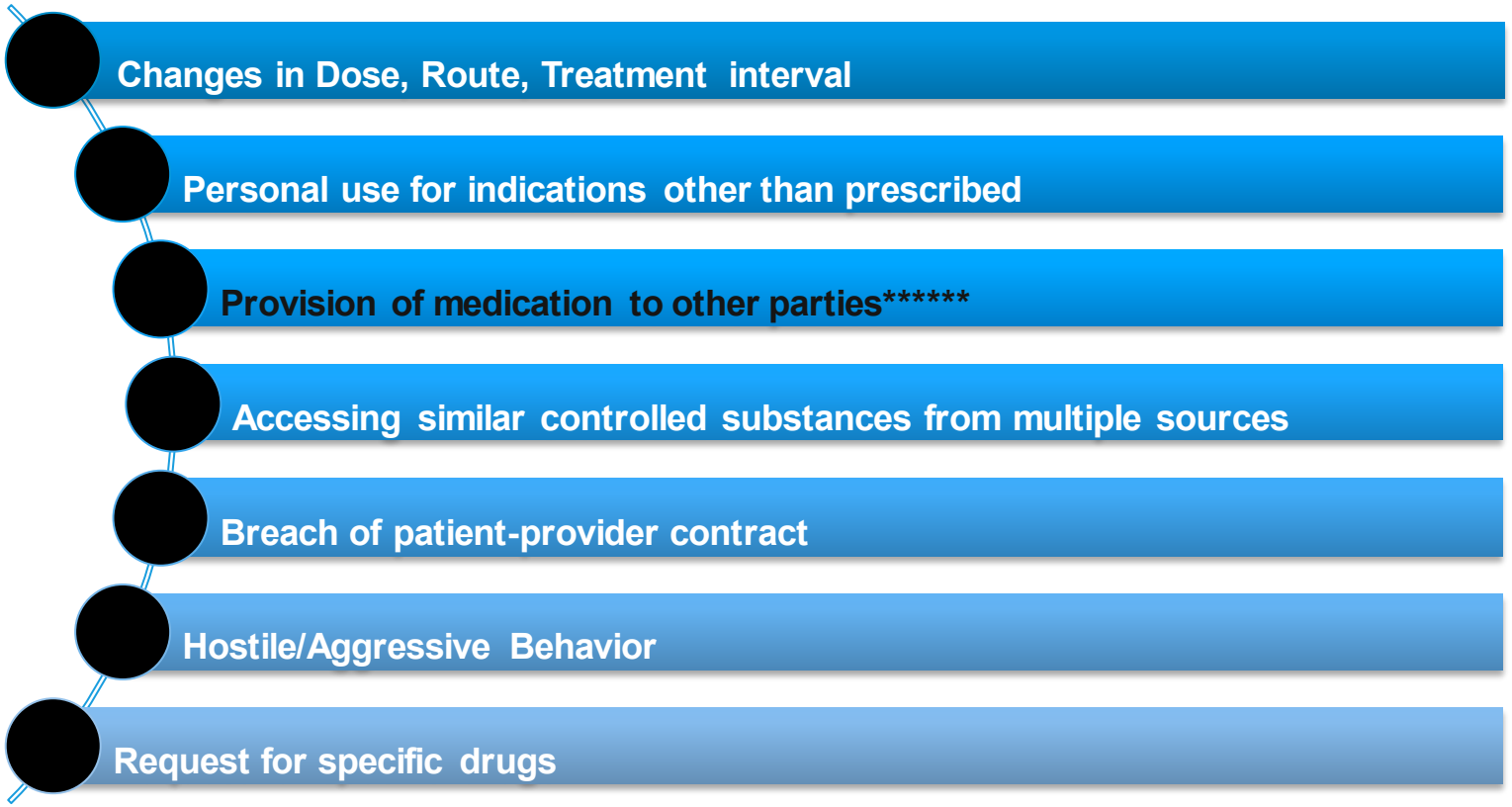
NON-FATAL OVERDOSE

DIVERSION

DEATH

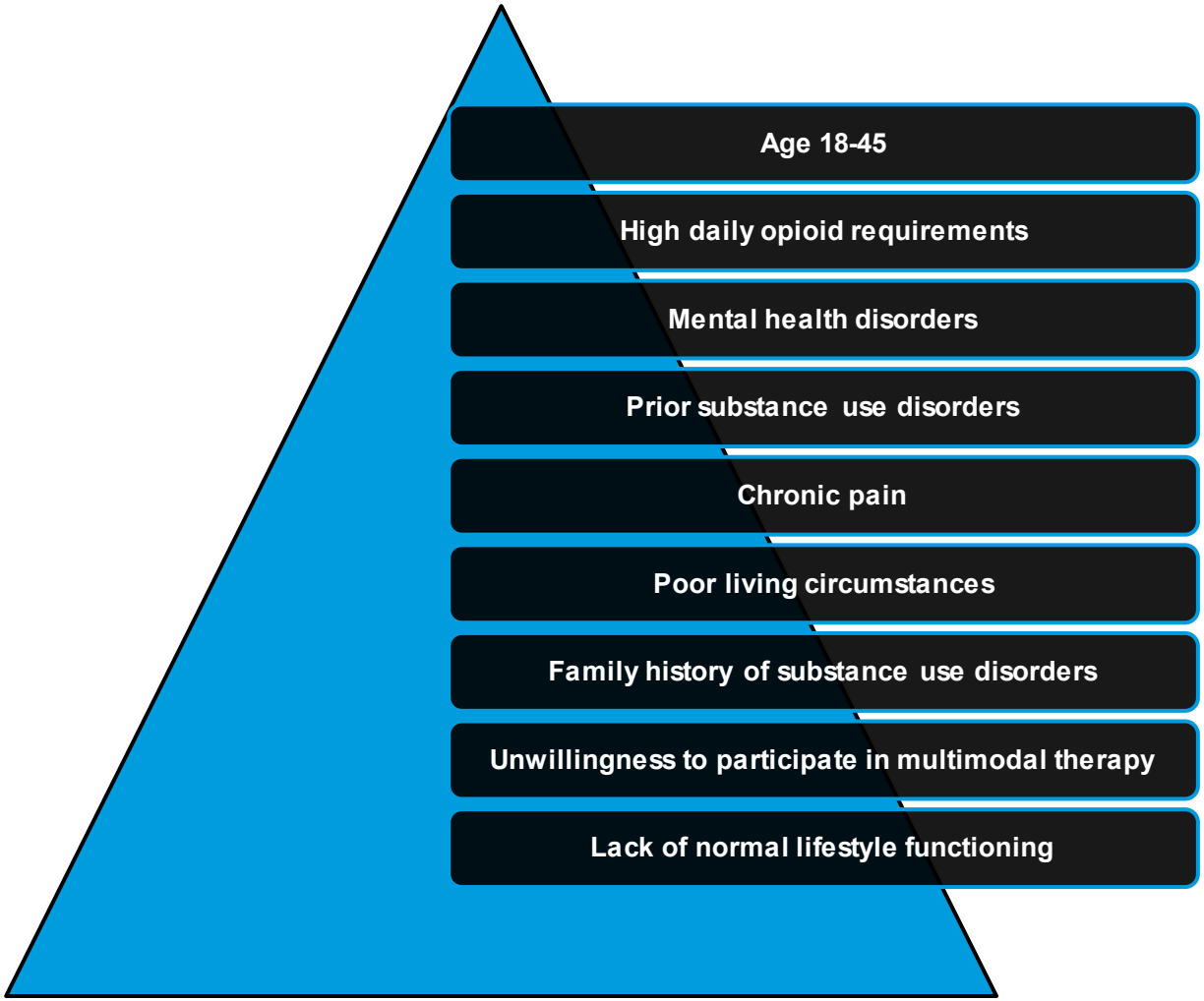
Concerns for Opioid Misuse?

- What ISN'T misuse:
  - **Tolerance or Withdrawal = <u>Dependence</u>**
- What MAY BE misuse?



Risk Factors for Misuse

- Characteristics that may place patients at risk for misuse include:



Is this Addiction?

- Misuse may represent ***Addiction***
- 'Addiction' as a term replaced by ***Opioid Use Disorder (OUD)***

"Addiction is a primary chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic **biological, psychological, social and spiritual manifestations**"

-Definition from: American Society of Addiction Medicine

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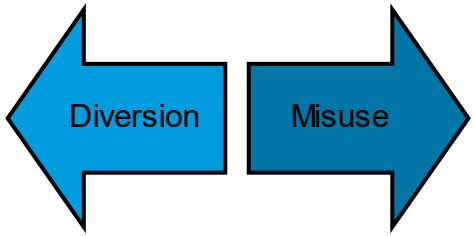
Prescribing for patients with OUD

- OUD is diagnosed by DSMV
- If addiction is suspected, refer patient to:
  - Treatment Programs
  - Addiction Medicine/Addiction Psychiatry
- Goal is to establish patient on MAT (buprenorphine, naltrexone, methadone)
  - *90% of patients that discontinue opioids w/o MAT will be on opioids again at 1 year*

DO NOT PRESCRIBE

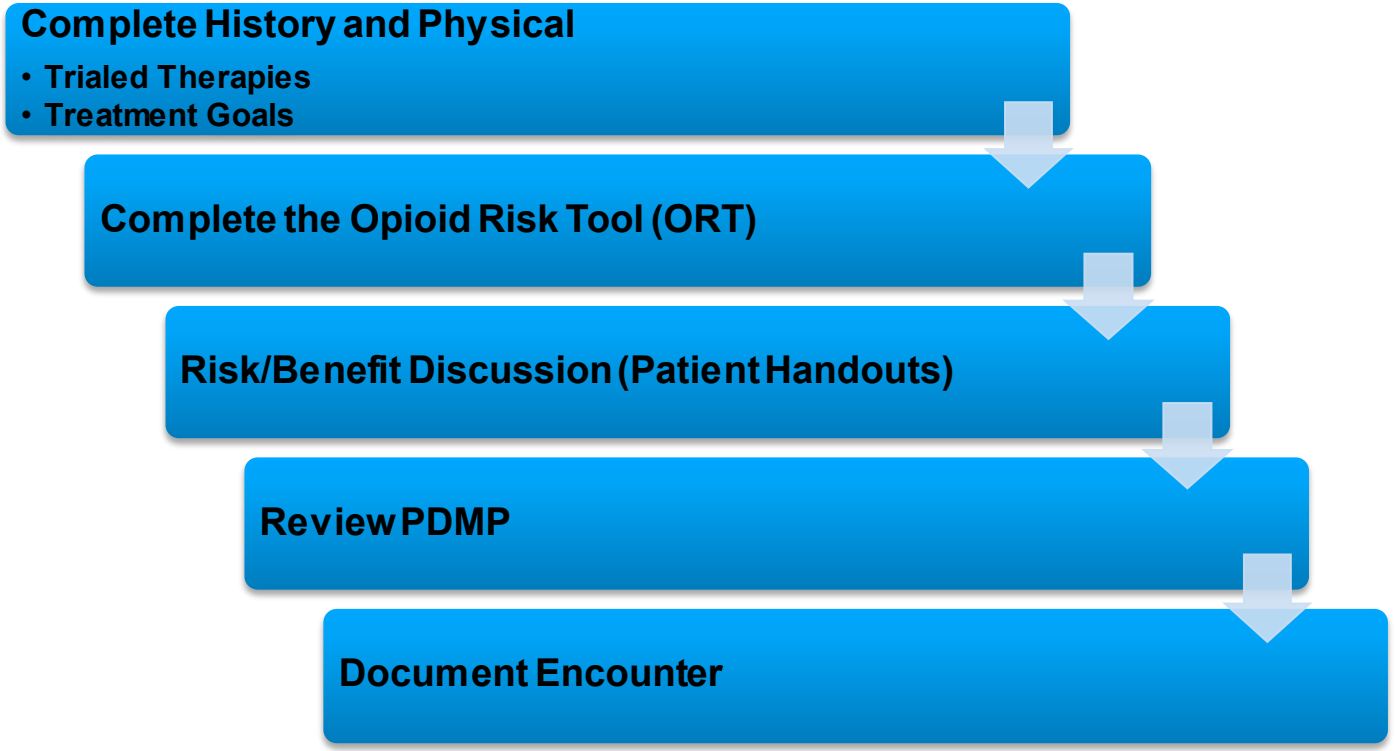


***USE JUDGEMENT*: EARLY REFERRAL, CONSIDER BRIDGING w/ OPIOIDS TILL TREATMENT VISIT; GET DEA-X CERTIFIED FOR BUPRENORPHINE**

***Remember**: Your therapeutic relationship may be their last line of defense from an illicit overdose*

Acute Prescribing Recommendations

INPATIENT & OUTPATIENT WORKFLOW



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EXCEPTIONS:

- Active malignancy/hospice/palliative care
- Changing prescriptions within 3 days of previous prescription
- Outpatient procedures (Administration of opioids, only)
- Emergency services (Administration of opioids, only)

Acute Prescribing Recommendations

3 DAY LIMIT

- For most medical illnesses
- Limit entire prescription to 100 MME
- Reassess in <7 days before refilling

7 DAY LIMIT

- For severe medical illnesses, major surgery, trauma w/ high pain expectations
- Limit entire prescription to 200 MME
- Reassess in <7 days before refilling

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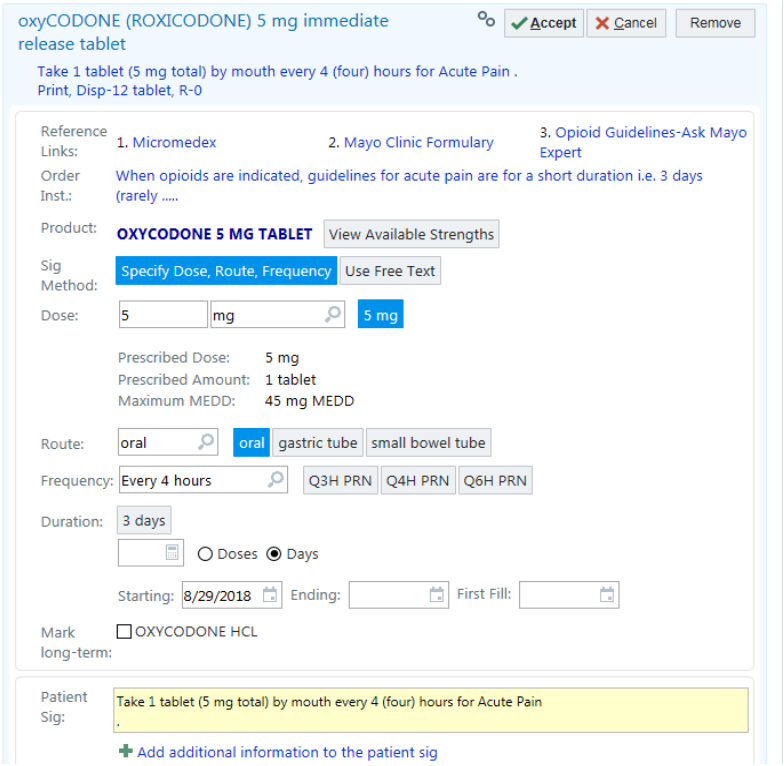
Consider Harnessing the EMR

- Prescribing duration limits within EPIC
- Gives dosing limits for various prescription scenarios



Patient Counseling

- The opioid crisis requires a change in:

Pain Management Mindset

Elimination of Pain → **Function with Pain**

- Mechanism:
  - Patient Education
  - Nursing Assessment
  - Provider Response
  - Institutional Expectations
  - National Requirements (1/2018 JCO Guidelines)

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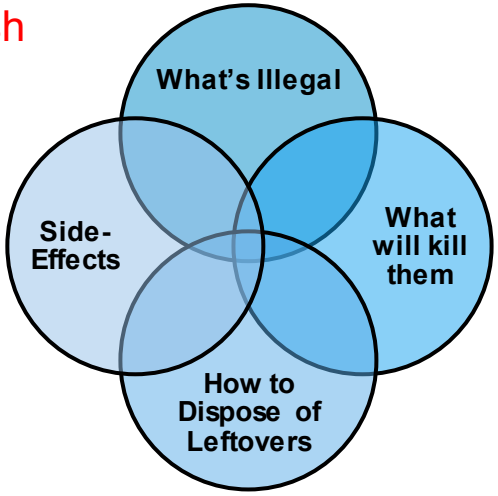
Patient Counseling

- Instruct patients not to crush, dissolve or chew tablets/capsules
  - This may result in fatal overdose
- Give instructions on how to handle missed doses if not PRN
- **STOP TAKING** when symptoms controlled (They don't need to finish the bottle!)
- Diverting medications to friends/family is illegal and can lead to death
- Get drugs out of the house when done
- Dispose by:
  - Mixing them with unpalatable substances such as kitty litter, used coffee grounds, my cooking
  - Scratch all personal information off empty pill bottle.
  - Drop off at CVS
  - Per FDA, ok to flush them!



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Naloxone

- For High-Risk Patients
  - Baseline cardiopulmonary conditions, Liver/Kidney dysfunction
  - Hx of overdose
  - >50 MME/day
- EDUCATE, EDUCATE, EDUCATE: ***EVERYONE****-friends, family and the patient*
- No longer need a prescription!
- Remember-lasts 30-90 min
  - Synthetics may take a MUCH bigger dose to jumpstart/maintain response

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SAFE *ADMINISTRATION* OF OPIOIDS

Suggested Best Practices for Administering Opioids in the Hospital

SCREEN INDICATIONS

Limit opioid use to patients with severe to moderate pain.

Check the PDMP before administering opioids.

MAKE IT MULTIMODAL

Prescribe opioids as part of a structured multi-modal pain management care plan.

Always have non-opioid medications and non-pharmacological options (PT/OT).

NO CAUSE=NO OPIOIDS

Use of opioids for pain without an explained cause is not recommended.

Treat Resourcefully

Use the lowest effective opioid dose for the shortest duration possible.

Avoid having multiple PRN opioids available for pain management.

THINK SHORT

Use only immediate-release formulations for acute pain, avoid initiation of long-acting or extended-release formulations.

USE ORAL OPIOIDS

Oral routes of administration should be used whenever possible. IV/IM opioids should be restricted to situations where the patient:

- -Is NPO
- -Has malabsorption
- -Needs short-term immediate pain control or dose titration is required.

Suggested Best Practices for Administering Opioids in the Hospital

GET BACK TO BASELINE

Try to wean back to home opioid dose prior to d/c.

THINK SIDE-EFFECTS

Ensure a bowel regimen is available on all patients receiving opioids and avoid fiber.

Offer naloxone to high risk patients (Hx of overdose, MME>50/prescription, organ dysfunction).

CALL A FRIEND

Consider engaging pain management for patients with:

-High OME requirements (>90 MME/day)

-Hx of Buprenorphine and/or methadone use

-Possible interventional procedures

DON'T BE THE OVERDOSE

Limit co-administration of opioids with other medications that act as central nervous system depressants to the best extent possible.

This includes benzodiazepines, muscle relaxants, antihistamines, 'sleepers' and other sedatives.

WATCH FOR OUD

Monitor for frequent requests for other sedating medications including:

-IV Benadryl

-IV Phenergan

Other warnings: Behavioral issues, requests for specific opioids or routes, frequent hospitalizations/ER visit where opioids are delivered

WE'RE NOT REFILL PEOPLE

Avoid refilling opioid prescriptions and have close outpatient follow-up with service responsible for managing disorder.

Metrics 101

- *Rule 1: Determine low-hanging fruit*
  - Can the EMR deliver?
  - Where are you seeing your biggest problems?
- *AHA Stem the Tide Resource Guides*
- Mayo Suggestions:
  - Increase in PDMP utilization prior to opioid Rx
  - Increase in naloxone prescription for opioid Rx's or for patients on > 90 MED
  - Decrease benzodiazepine-opioid co-prescribing

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Thank you!

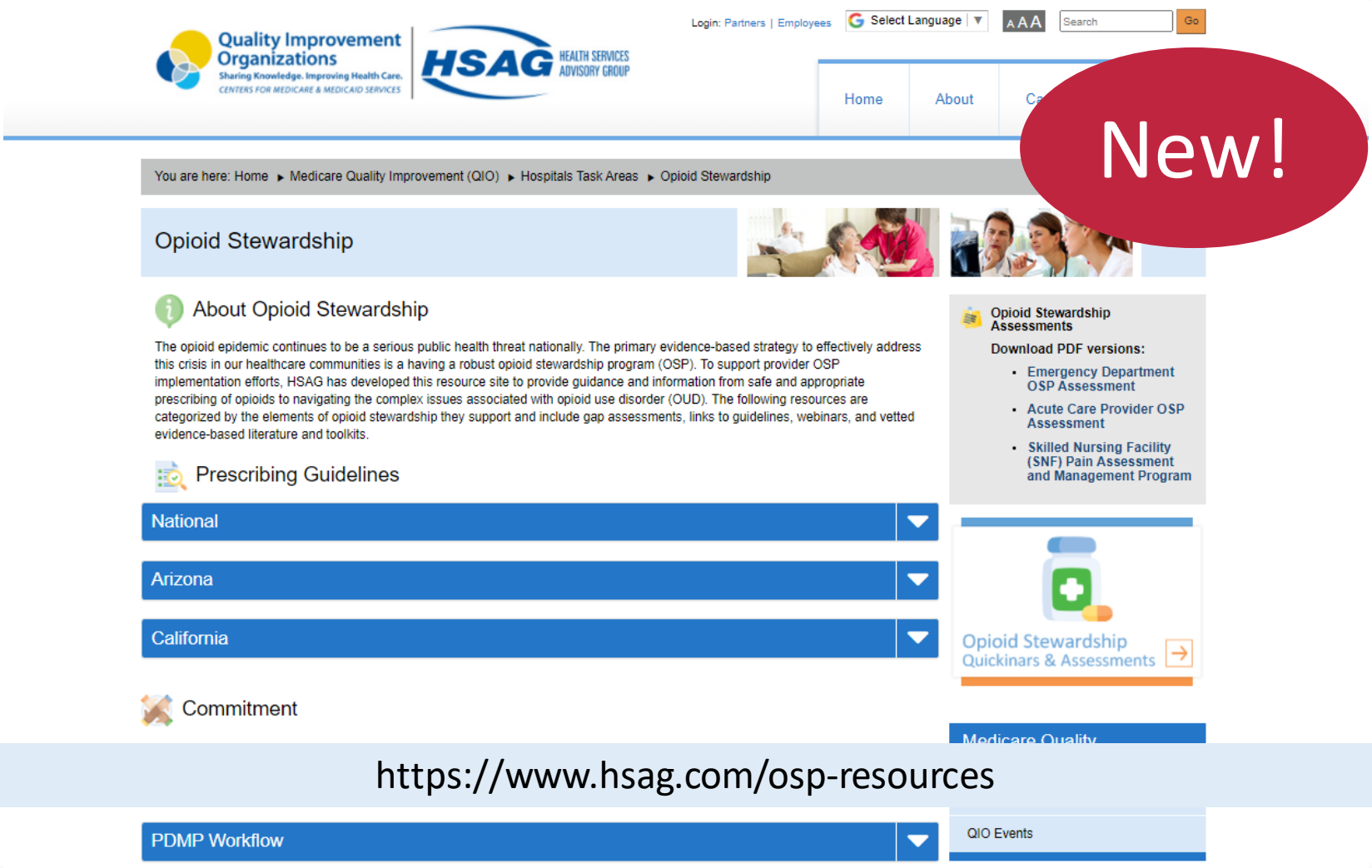
geyer.holly@mayo.edu

Rochester, Minnesota

Phoenix, Arizona

Jacksonville, Florida

Opioid Stewardship Resource Site

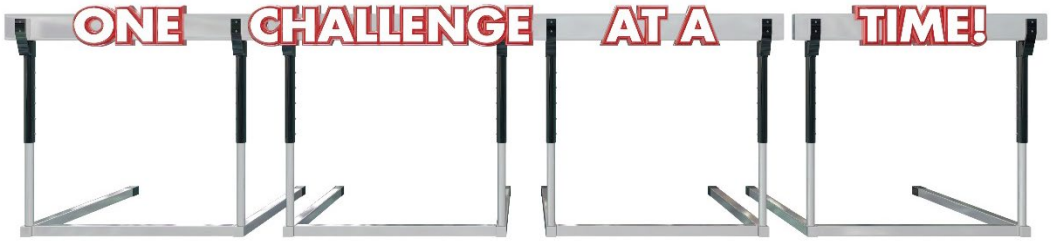


https://www.hsag.com/osp-resources

Action Items by Next Quickinar (12/9/2021)

1. Identify two gaps with your OSP team to prioritize for strategy implementation

2. Identify your first priority for your OSP action plan;
   Remember it's a journey.



OSP "Quickinar" Schedule: Mark Your Calendars

OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format
Thursday, October 21, 2021 | 10:30–11:00 a.m. PT

OSP Assessment Overview
Thursday, October 28, 2021 | 10:30–11:00 a.m. PT

Interpreting the OSP Assessment Results/Developing an Action Plan
Thursday, November 18, 2021 | 10:30–11:00 a.m. PT

Developing a Dashboard
Thursday, December 9, 2021 | 10:30–11:00 a.m. PT

Screening Patients for OUD Risk and Opioid Withdrawal
Thursday, January 13, 2022 | 10:30–11:00 a.m. PT

A Good Discharge Plan for Pain Management with Opioids
Thursday, January 27, 2022 | 10:30–11:00 a.m. PT

Partnering with Pharmacists for ongoing Medication Management
Thursday, February 10, 2022 | 10:30–11:00 a.m. PT

Double Trouble: Benzos and Opioids | Harm Reduction with Naloxone
Thursday, March 10, 2022 | 10:30–11:00 a.m. PT

MAT: Prescribing Buprenorphine
Thursday, April 14, 2022 | 10:30–11:00 a.m. PT

Getting Patient Buy-in through Education
Thursday, May 12, 2022 | 10:30–11:00 a.m. PT

Reevaluating Your Program and Celebrating Success
Thursday, May 26, 2022 | 10:30–11:00 a.m. PT

Register for the entire OSP "Quickinar" series today!
bit.ly/OpioidStewardshipProgramQuickinars

Please Take 5 Seconds and Let Us Know

We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing opioid stewardship practices.

Thank you!

Claudia Kinsella | ckinsella@hsag.com

Jeff Francis | jfrancis@hsag.com

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