TPMG Opioid Safety Initiative

A presentation to the National Resource Center for Academic Detailing

Sameer Awsare, MD, FACP
TPMG Associate Executive Director

The Permanente Medical Group Opioid Initiative Goal

Ensure that we provide safe, appropriate care to our patients across the region and that we give physicians the tools and support needed for consistent opioid prescribing, monitoring and documentation.

Key recommendations

Internal and Family Medicine	Emergency Department	Orthopedic Surgery
New Pain Complaint: • Max 30 day supply of opioids for new pain complaints **Chronic Pain:** • Thorough intake eval • 30 day max Rx • Medication agreement • Consistent monitoring, documentation, and evaluation **Analytics:** • Monthly reports on all patients >50MME • Trends in Rx and status of monitoring tools	**Recommendations:** • List of conditions for which opioids are not recommended • No replacement of lost/stolen prescriptions • Max 20 pills for acute pain (+PCP referral) • Max 10 pills/3 days for chronic pain (+PCP referral) • IV/IM opioids discouraged **Analytics:** • Monthly dashboard showing Rx (pills) and IV/IM by prescriber by chief complaint	**Recommendations**: • Pursue pre-op tapering opportunities • No post-op ER/LA opioids • Max two weeks Rx post-op • Recommendations for specific Rx dosage based on procedure **Analytics:** • Periodic reports on post-op prescription size by prescriber by procedure

Changing practices to improve safety

Reccs

- Available evidence
- Best practices
- Expert opinion
- Regulations

Workflows

- Multidisciplinary team
- Clinical experts
- MD education expects
- Patient edu experts
- Technology experts

Education

- Curriculum
- In person training
- Online modules
- Refresher courses

Analytics

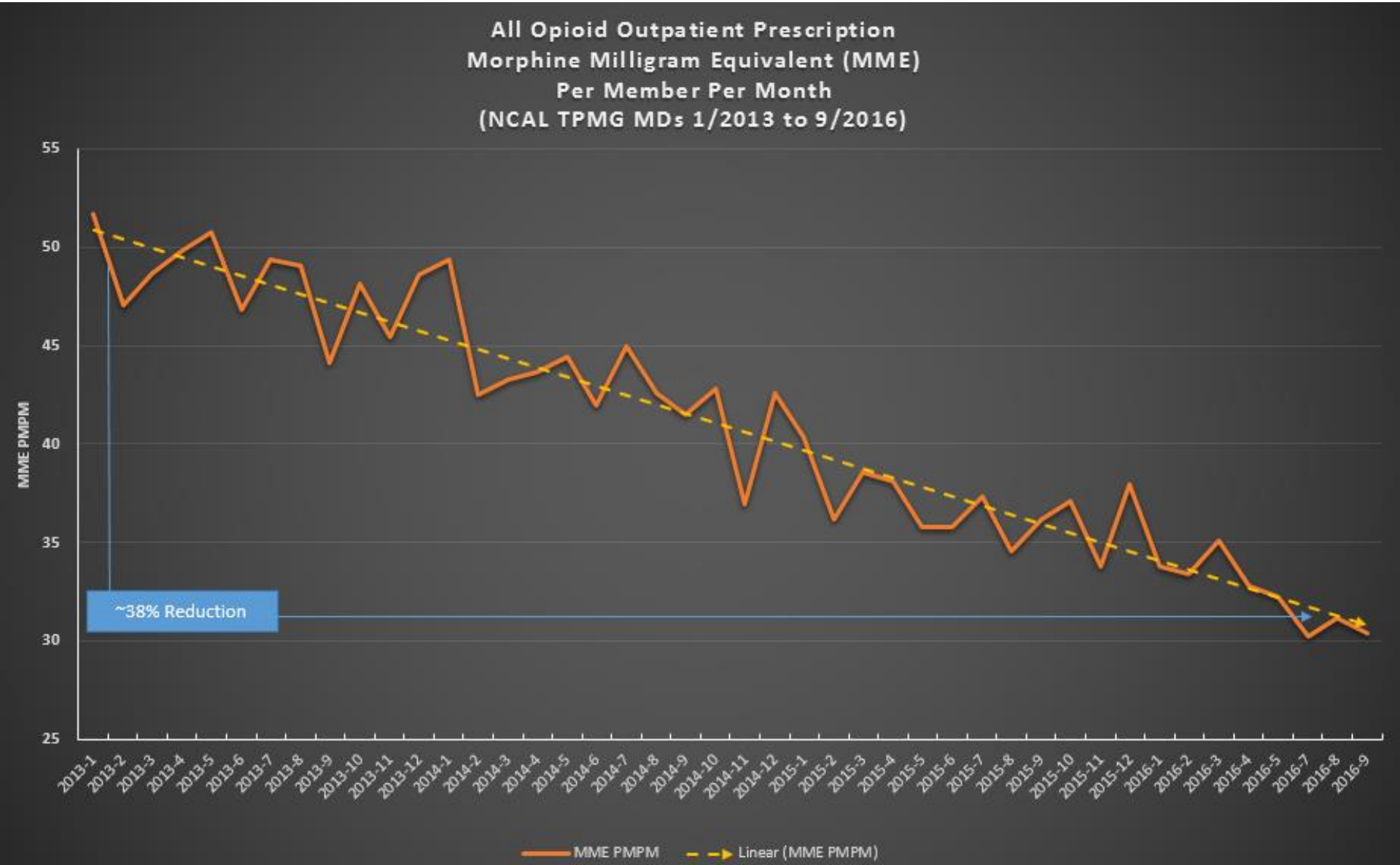
- Actionable reports reflect implementation of recommendation
- Key medical & pharmacy leaders receive reports

Comms

- Local opioid meetings
- Academic detailing based on analytics:
  - *Service line chiefs*
  - *Pain pharmacists*
  - *Regional leaders*

Internal and Family Medicine – Successes

Encouraging regional trends in average MME per member (all MDs, all opioids)



Other measures of success

- **Internal and Family Medicine**
  - Over 70% of high dose opioid patient have medication agreement
  - Over 72% have had a urine drug screen in the past 12 months

- **Emergency Department**
  - Opioid prescribing from July 2015 – Oct 2016 reduced by one third
  - >95% of workforce has undergone multi-hour online training

Successful Strategies

- **Strong, visible leadership support**
- **Clarity and consistency of non-judgmental message across physicians & administration**
- **Interdisciplinary work group to oversee decisions**
- **Provide coaching, education and support**
- **Include patient-clinician communication strategies**
- **Use of physician specific data**
- **Identify individuals to help colleagues with tough cases**
- **Collaboration between the medical group and pharmacy**

Thank you

Sameer V. Awsare, MD, FACP

Sameer.Awsare@kp.org

APPENDIX

Collaboration, Coordination & Communication = Success

Collaboration between departments (Quality, Physician Ed, Patient Ed, EMR, Chiefs of Adult Fam Med, Chronic Pain, CDRP, Psych, Pharmacy) to provide:

- Workflows based on guidelines
- Prescriber and patient education
- EMR tools that support workflows
- Physician-level reports to measure success

Collaboration, Coordination & Communication = Success

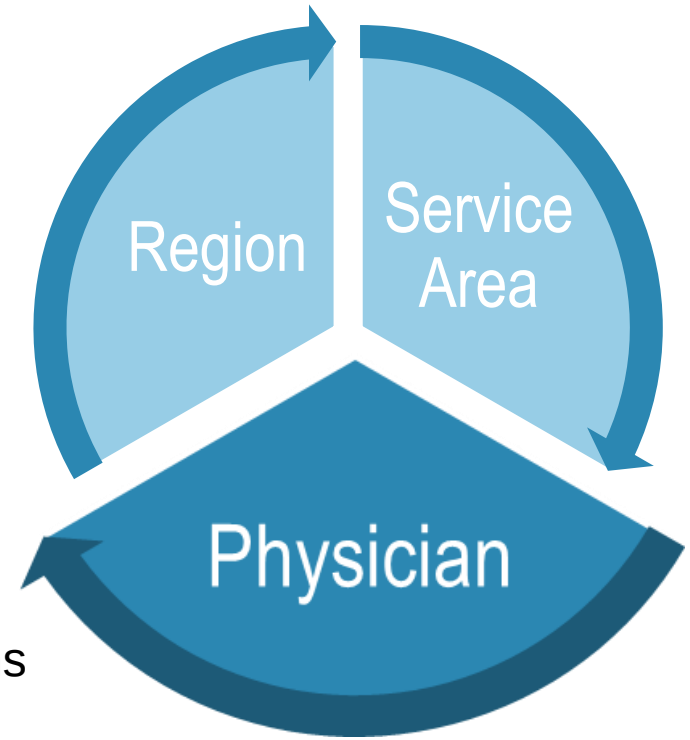
Coordination between regional team, service area Opioid Leads, and their implementation teams to ensure:

- Development of facility-specific workflows and service agreements
- Creation of multidisciplinary teams
- Implementation of education for prescribers
- Utilization of metrics to identify high risk patients

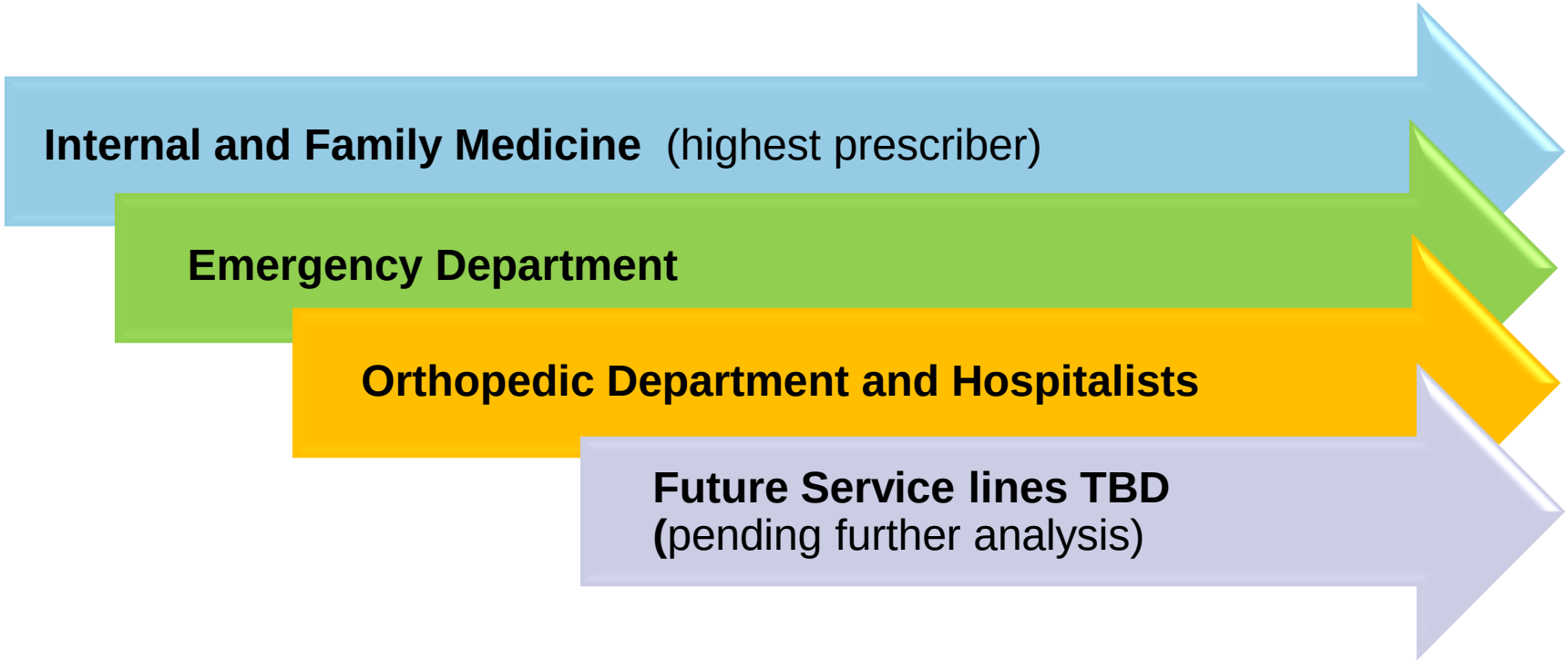
Collaboration, Coordination & Communication = Success

Consistent communication to primary care physicians emphasizing:

- Rationale behind the initiative
- Ongoing risk - benefit analysis to ensure safety and effectiveness
- Expectations for physicians
- Tools created to help meet these expectations
  - EMR tools - documentation tools
  - Communication tips
  - Patient education
  - Workflows
  - Individual physician data



Service Line Initiatives



- Each service line has unique perspectives & challenges
- As initiative is rolled out in each service line:
  - Learn from each deployment and apply lessons broadly
  - Focus on effective communication and patient hand offs across service lines

Adult & Family Medicine Opioid Workflows:

Patients with Chronic Non-Cancer Pain

New Start - Acute Pain

If opioids are indicated prescribe:
Short acting opioids

After 2 months:
Do Chronic Opioid Therapy Assessment.

Beware of the 90 day cliff

New Start - Chronic Pain
Chronic Opioid Therapy (COT) Assessment

Chronic Opioid Therapy Assessment:

1. Patient hx, pain hx, physical exam
2. Validated patient self assessment tool (ex: SOAPP, ORT)
3. CURES
4. Assess for alcohol dependence
5. Create Treatment Plan

If benefits outweigh risk:

1. Opioid Medication Agreement
2. Prescribe max 30 day supply

Ongoing Assessment and Management of Chronic Opioid Therapy (COT) - Chronic Pain

1. Physical exam
2. 5A's Assessment
3. CURES
4. Assess for alcohol dependence
5. Urine Drug Screen
6. PHQ-9 or equivalent (PRN)

   For patients who did not have a chronic opioid therapy assessment prior to beginning COT, ensure patient hx, validated self assessment tool, and Opioid Medication Agreement are completed.

7. Revisit treatment plan and modify as needed

Risk / Benefit assessment includes consideration of:

- Contraindications and conditions for which opioids are not appropriate / generally not recommended
- "Red Flags" – e.g. Score associated with risk on validated risk assessment tool, unexpected UDS finding, failure to follow Opioid Medication Agreement, personal history of substance abuse, aberrant opioid fills per CURES, use of any non-opioid controlled substance, patients on ≥100 MME of opioids

AFM Opioid Safety Curriculum

- **Design**:
  - Three modules, 6 hours, didactic, cases, skills practice
  - Module 1: **Scope & Risk**
  - Module 2: **Initiating Chronic Opioid Therapy**
  - Module 3: **Ongoing Management of Chronic Opioid Therapy**

- **Faculty**:
  - Experienced physician instructors from Adult and Family Medicine, Chronic Pain, Communication Consultant

- **Materials**:
  - PPT, detailed speaker notes, demonstration video, activities, handouts
  - Online modules for self-guided learning for current and new providers also available (REMS compliant)

ED Opioid Workflows: New Pain or Recurrent Pain

History & Assess Risk

For ALL PATIENTS presenting with non-cancer pain in the Emergency Department

Review for:

1. Chief complaints for which opioids are generally not indicated
2. Current/past opioid prescriptions. *For outside members verify through CURES and Epic Outside Records.*
3. Review for diagnosis in EMR problem list that indicates patient is being actively managed by PCP or pain physician for chronic pain.
4. Check EMR Specialty Notes section for comments.
5. Assess for red flags. If red flags present, Check CURES.

New Pain or Recurrent Pain?

Determine type of complaint:

- **New pain** is different from the patient's usual pain condition.
- **Recurrent pain** is the patient's usual pain experience. This pain has been ongoing for 3 months or more.

Treatment Plan

Determine treatment plan – All Patients

1. Determine if benefits outweigh the risks for prescribing opioids.
2. Consider alternative and adjuvant therapies.
3. Do not replace lost of stolen prescriptions.
4. Educate patient on risks, benefits and limitations of treatment(s).
5. Document rationale for prescribing or not prescribing opioids. If prescribing provide patient with education via after visit summary.

New Pain Complaint – Opioids may be indicated

- **Treatment**– If prescribing opioids, prescribe amount needed until follow-up, generally maximum 20 pills.
- **Referral** – Refer patient to appropriate physician for follow-up of acute pain management, treatment plan reassessment, and refill requests.

Recurrent Pain Complaint – Opioids rarely indicated

- **Treatment**– Avoid IM or IV opioid analgesics. If giving opioids, prescribe usual dosage for a maximum of 3 days OR 10 pills.
- **Referral** – Send chart to physician managing chronic opioid therapy; mention if you did or did not prescribe opioids and why. If there are red flags, route chart to ED Opioid Champion.

Emergency Department – Progress to Date

- **Opioid safety workflow** created

- **Robust opioid safety curriculum** developed
  1. **Emergency Medicine Opioid Safety Overview presentation (30 mins):**
     - Key info on national opioid epidemic
     - TPMG Opioid Safety Initiative goals
     - Tools for ED clinicians
  2. **Self-Paced Online Training Modules (3 hours):**
     - Opioid Scope & Risk
     - Emergency Medicine Opioid Workflow
     - Characteristics of ER/LA Opioids
  3. **Patient Communication Training (60 mins):**
     - Interactive communication training on Four Habits applied to Opioids in the ED
     - Case Discussions & Practice

Emergency Department – Progress to Date

- **Strategic data collection and monthly reporting**
  - Focus on IV/IM opioids administered in ED and Rx sent home with patients
  - Medical center and provider-level reports

- **EMR tools** to reinforce workflow and linkage to other service lines as appropriate

Emergency Department – Progress to Date

- **Opioid safety workflow** created
- **Robust opioid safety curriculum** developed
  - Three modules:
    1. Emergency Medicine Opioid Safety Overview presentation (30 mins)
    2. Self-Paced Online Training Modules (3 hours)
    3. Patient Communication Training (60 mins)
  - As of August 2016, >96% of TPMG's 700+ ED physicians had completed online training
- **Strategic data collection and monthly reporting**
  - Focus on IV/IM opioids administered in ED and Rx sent home with patients
  - Medical center and provider-level reports
- **EMR tools** to reinforce workflow and linkage to other service lines as appropriate

Summary Provide to US Senate Subcommittee on Opioids

For Kaiser Permanente owned and operated pharmacies, there is a **national Pharmacy Controls governance structure** (known as Pharmacy Controls Improvement Program [PCIP]) in place **to assure compliance with regulatory requirements, and standardized operational controls, and to instill a culture of accountability and risk management across the program**. This governance structure enables development and implementation of physical security standards, policies & procedures, training & awareness and internal monitoring & reporting capabilities.

Kaiser Permanente has national controlled substance policies and toolkits, pharmacy self-assessment tools, cross-regional work groups, and program champions across all areas of pharmacy practice. Every Kaiser Permanente pharmacy uses LexisNexis VerifyRx technology to perform a real time validation of a prescriber's ability to write for controlled substances, license verification, prescriptive authority, and a review for sanctions.

Collaboration with Pharmacy Leadership to Reduce Fraud and Diversion

- KP's National Pharmacy Compliance Office performs **proactive data mining to identify diversion** within our pharmacies and alert managers if discrepancies are identified
- Local medical center **compliance infrastructure to identify stolen Rx pads** and if controlled substances were prescribed from that pad
- All KP pharmacies undergo **security assessment** to identify potential need for enhanced security systems & have appropriate locks, card readers and cameras
- Pharmacy managers trained on **electronic tools to detect diversion** in their pharmacy
- Pharmacy leadership works with wholesalers (AmeriSource Bergen) to ensure programs are in place to **detect anomalous ordering patterns**
- Pharmacy leadership working with vendors to implement electronic data interchange between wholesalers and Pyxis C-II Safe system to **enhance inventory reconciliation**
- Annual training of staff on responsibilities around **recognizing suspicious behavior and theft**

Participation in Community Initiatives

- TPMG opioid safety leadership has participated in various community initiatives
  - **East Bay Safe Prescribing Coalition** (administered by ACCMA) – a partnership of all 20 East Bay emergency departments to improve opioid safety
  - **Santa Clara County Opioid Overdose Prevention Project**

ACCMA
Alameda-Contra Costa Medical Association

SCCOOPP
Santa Clara County Opioid Overdose Prevention Project