TPMG Opioid Safety Initiative

A presentation to the National Resource Center for Academic Detailing
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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

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

**Reccs**
- Available evidence
- Best practices
- Expert opinion
- Regulations

**Workflows**
- Multidisciplinary team
- Clinical experts
- MD education experts
- Patient education 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)

All Opioid Outpatient Prescription
Morphine Milligram Equivalent (MME)
Per Member Per Month
(NCAL TPMG MDs 1/2013 to 9/2016)

~38% Reduction
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

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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
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

Collaboration, Coordination & Communication = Success
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

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*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

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.

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.

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 or 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 install 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

SAFE PAIN MEDICINE PRESCRIBING

We care about you. Our goal is to treat your medical conditions, including pain, effectively, safely and in the right way.

- Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.
- Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we routinely follow these rules when helping you with your pain:

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.
2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.
3. If pain prescriptions are needed for pain, we will only give you a limited amount.
4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.
5. We do not prescribe long acting pain medicines such as: OxyContin, MS Contin, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.
6. We do not provide missed doses of Subutex, Suboxone, or Methadone.
7. We do not usually give shots for flares of chronic pain. Medicines taken by mouth may be offered instead.
8. Health care laws, including HIPAA, allow us to ask for all of your medical records. These laws allow us to share information with other health providers who are treating you.
9. We may ask you to show a photo ID when you receive a prescription for pain medicines.
10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks opioid pain medications and other controlled substance prescriptions.