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# STRATEGIES TO COMBAT THE OPIOID EPIDEMIC

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# OBJECTIVES

- 1. Understand scope of problem and contributing factors**
- 2. Prioritize initiatives and interventions**
- 3. Understand evidence for interventions**
- 4. Outline an comprehensive strategy to address the opioid crisis in your healthcare system**

# The 3 Waves

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**Prescription  
Opioids**

1990s -  
2010



**Heroin**

2010-  
2015



**Fentanyl**

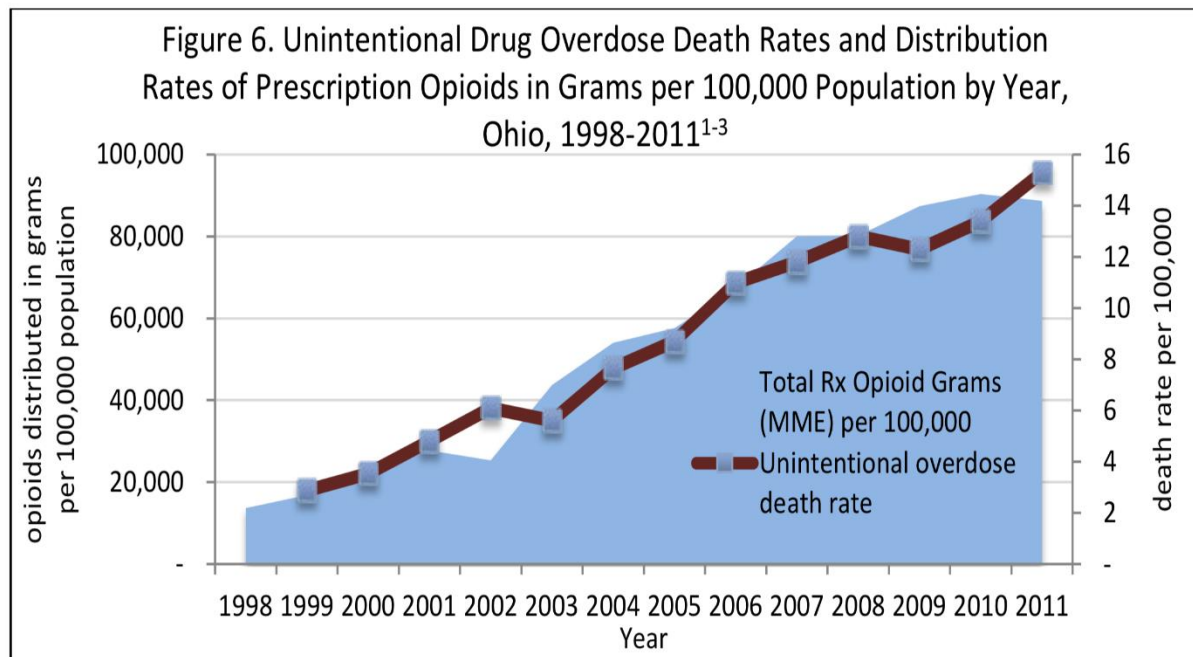
2015-  
current



# Distribution of Prescription Opioids 1998- 2011

- From 1998 to 2011, there was a 643 percent increase in the amount of prescription opioid grams per 100,000 population distributed to retail pharmacies in Ohio.<sup>8</sup>

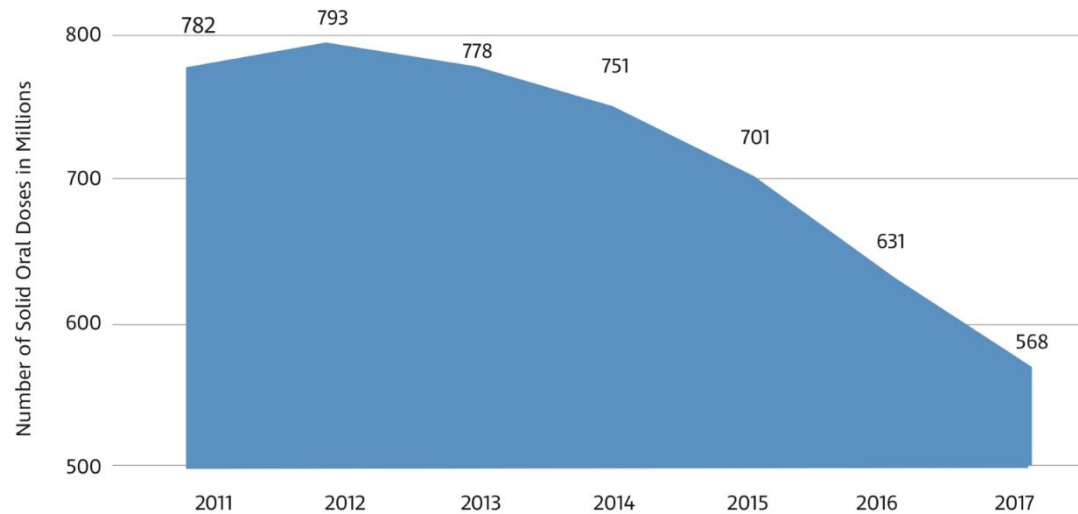
**643% Increase  
in prescription  
opioid grams  
distributed**



**Sources:** 1. Ohio Vital Statistics; 2. DEA, ARCOS Reports, Retail Drug Summary Reports by State, Cumulative Distribution Reports (Report 4) Ohio, 1997-2007 [http://www.dea diversion.usdoj.gov/arcos/retail\\_drug\\_summary/index.html](http://www.dea diversion.usdoj.gov/arcos/retail_drug_summary/index.html); 3. Calculation of oral morphine equivalents used the following assumptions: a) All drugs other than fentanyl are taken orally; fentanyl is applied transdermally. b) These doses are approximately equianalgesic: morphine: 30 mg; codeine: 200 mg; oxycodone and hydrocodone: 30 mg; hydromorphone: 7.5 mg; methadone: 4 mg; fentanyl: 0.4 mg; meperidine: 300 mg.

# Distribution of Prescription Opioids 2011-2017

Figure 4. Number of Opioid Solid Doses Dispensed to Ohio Patients,  
by Year, Ohio, 2011-2017

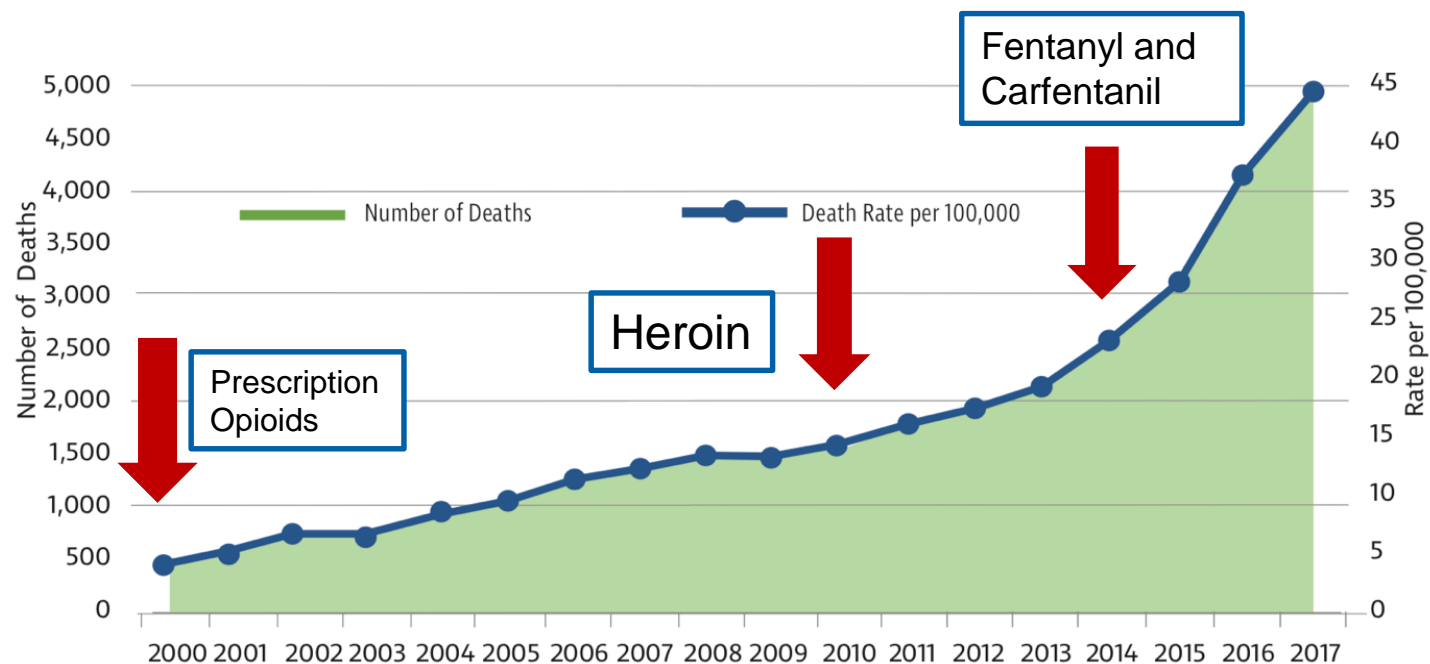


Source: State of Ohio Board of Pharmacy, Ohio Automated Rx Reporting System.



# 4,854 overdose deaths in Ohio in 2017

Figure 12. Number of Deaths and Annual Age-Adjusted Death Rate\* per 100,000 Population from Unintentional Drug Overdose, by Year, Ohio Residents, 2001-2017



Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program.

Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

\*The death rate is presented as age-adjusted which allows a comparison of death rates between populations (e.g. counties and states).

The rates are adjusted to the U.S. 2000 standard population to allow a comparison of the overall risk of dying between different populations.

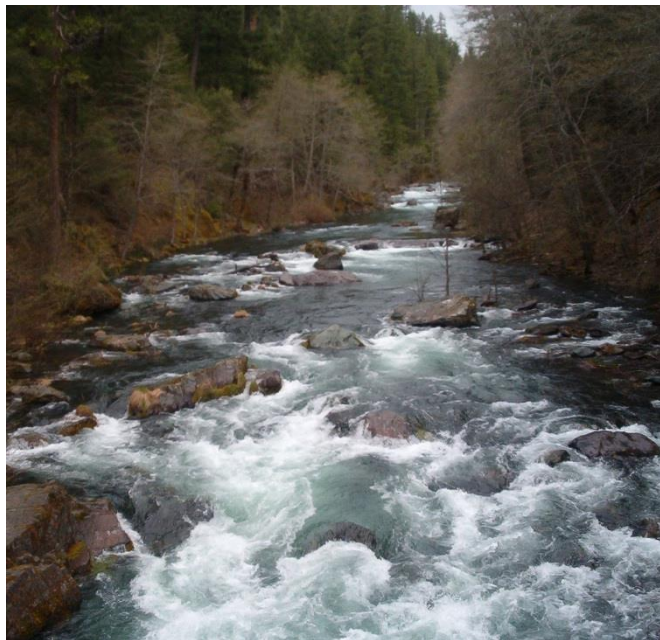


## **MetroHealth Office of Opioid Safety**

### **Mission:**

**To improve opioid safety  
throughout the MetroHealth  
system and the community  
through education, advocacy and  
treatment**





# PRIORITIES

Prevent Fatal Overdose

Treat Addiction

Prevent Addiction





**Putting our Finger in the Dam...**

**PREVENT FATAL OVERDOSE**

# PREVENT FATAL OVERDOSE :

## Naloxone

- Provide naloxone to patients and other lay responders
- Provide education on:
  - RISK FACTORS for overdose
  - RECOGNITION of opioid overdose
  - Training to RESPOND to opioid overdose



## Project DAWN Distribution and Education

# EVIDENCE:

## CONCLUSION:

Opioid overdose death rates were reduced in communities where OEND was implemented. This study provides observational evidence that by training potential bystanders to prevent, recognize, and respond to opioid overdoses, OEND is an effective intervention.




346:f174 doi: 10.1136/bmj.f174 (Published 31 January 2013)

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## RESEARCH

### Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis

 OPEN ACCESS

Alexander Y Walley *assistant professor of medicine, medical director of Massachusetts opioid overdose prevention pilot*<sup>1,3</sup>. Zimira Xuan *research assistant professor*<sup>2</sup>. H Holly Hackman





# COST

**Total Cost of Project  
DAWN Kit = \$80.00**

**Medical Cost of a Fatal  
Drug Overdose:  
\$ 2,980**

**Average in-patient  
treatment charge for a  
drug overdose is  
\$10,488.**

**2/3 of these individuals  
were uninsured or  
covered by publicly  
funded programs**

# How Can I Implement This At My Hospital ?



1. **Coprescribe naloxone with opioid prescriptions > 50 MED or to patients at risk for overdose**

2. **Take- home kits available in Pharmacy**

3. **Refer patients to a Project DAWN distribution site:**

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/resources/list-project-dawn-sites>

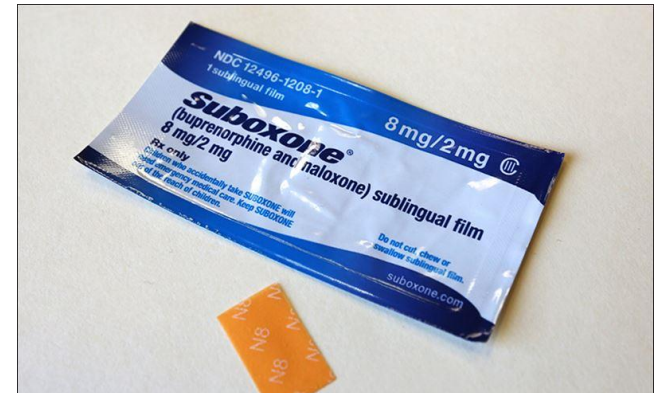
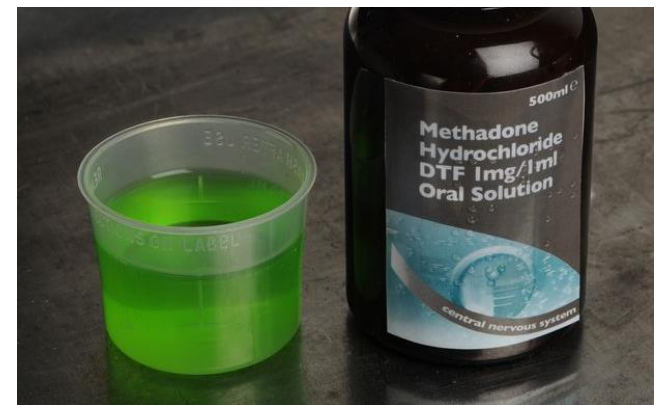


**Reinforcing the Dam...  
TREAT ADDICTION**



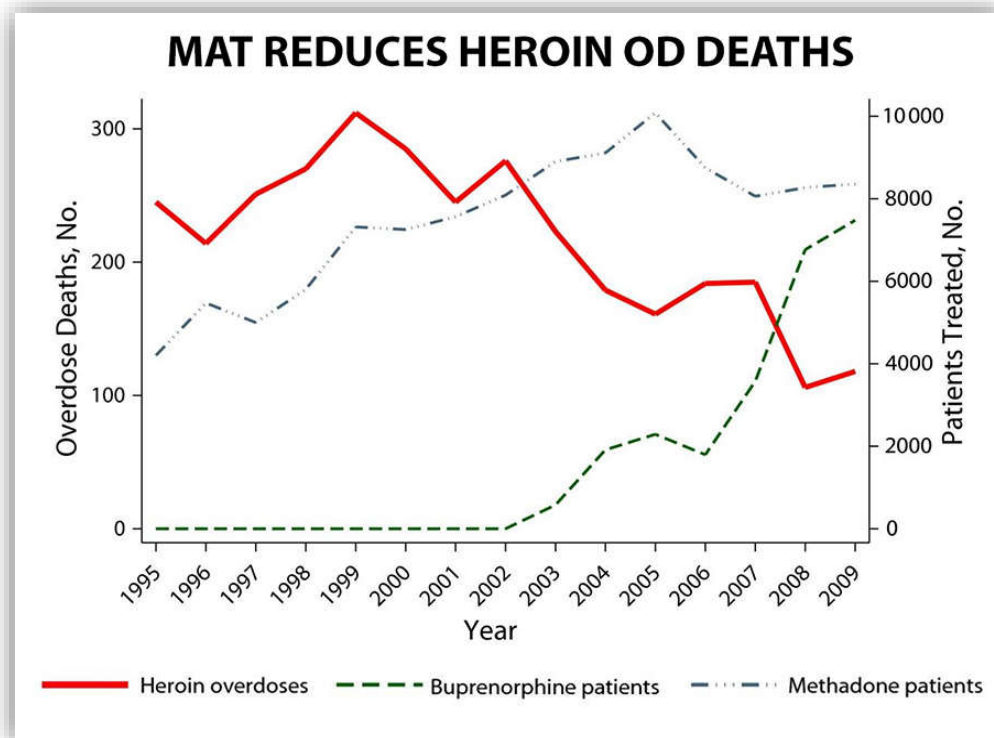
# Treatment for Opioid Use Disorder (MAT or Medication assisted Treatment)

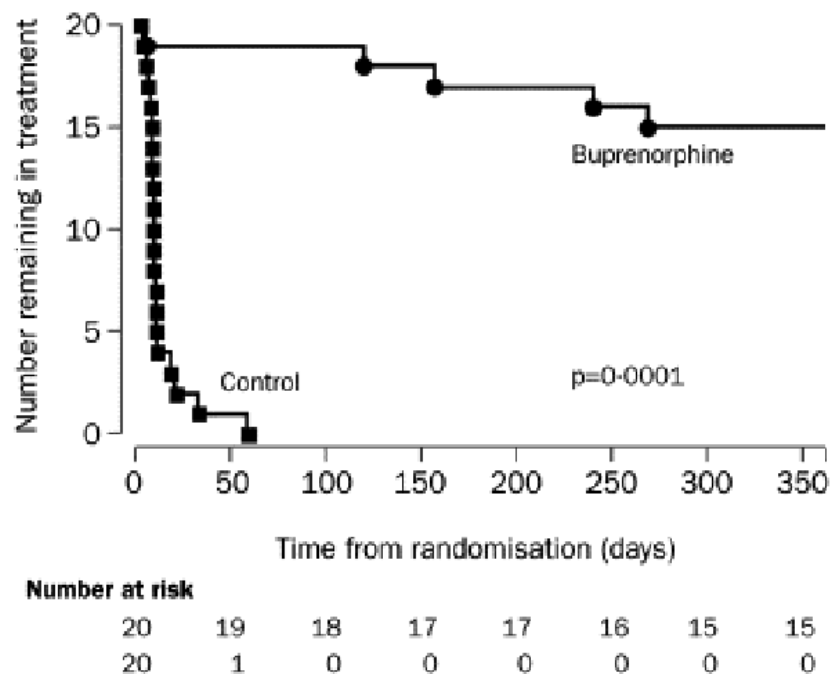
- Methadone-full agonist
- Buprenorphine/Nx- partial agonist/antagonist
- Buprenorphine- partial agonist
- Naltrexone –Full antagonist



- ❖ In Baltimore, after Buprenorphine became available, heroin overdose deaths dropped by 37%
- ❖ MAT increases social functioning and retention in treatment
- ❖ Decreases opioid use
- ❖ Decreases criminal activity
- ❖ Decreases transmission of infectious disease
- ❖ Improves outcome for pregnant women and their babies (decrease NAS and hospital LOS)

## Why Treat OUD with MAT ?





**A Swedish Study compared patients maintained on Buprenorphine vs detoxed using Buprenorphine for 6 days.**

**Treatment failure rate was:**

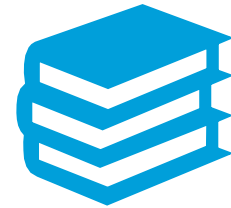
- 25% for Buprenorphine group
- 100% for detox group

# Maintenance vs Detox

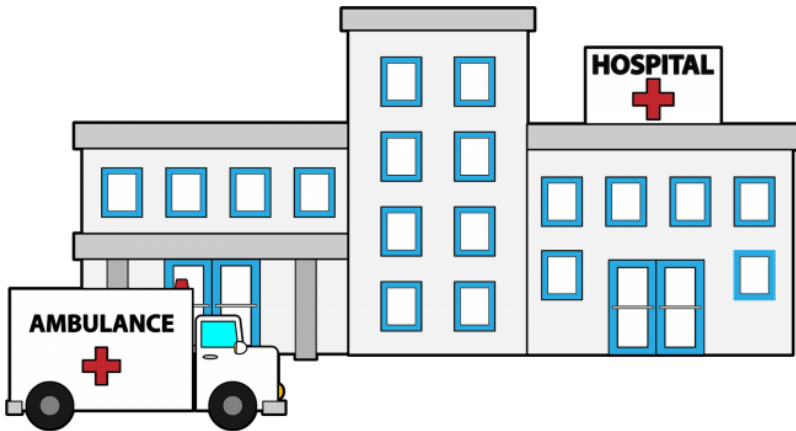


# MAT is not widely available

- ❖ Less than half of substance use disorder programs offer MAT and of those, only a third of the patients actually receive it
- ❖ Nearly all states report inadequate access to MAT



# How Can YOU Offer MAT in your Healthsystem?

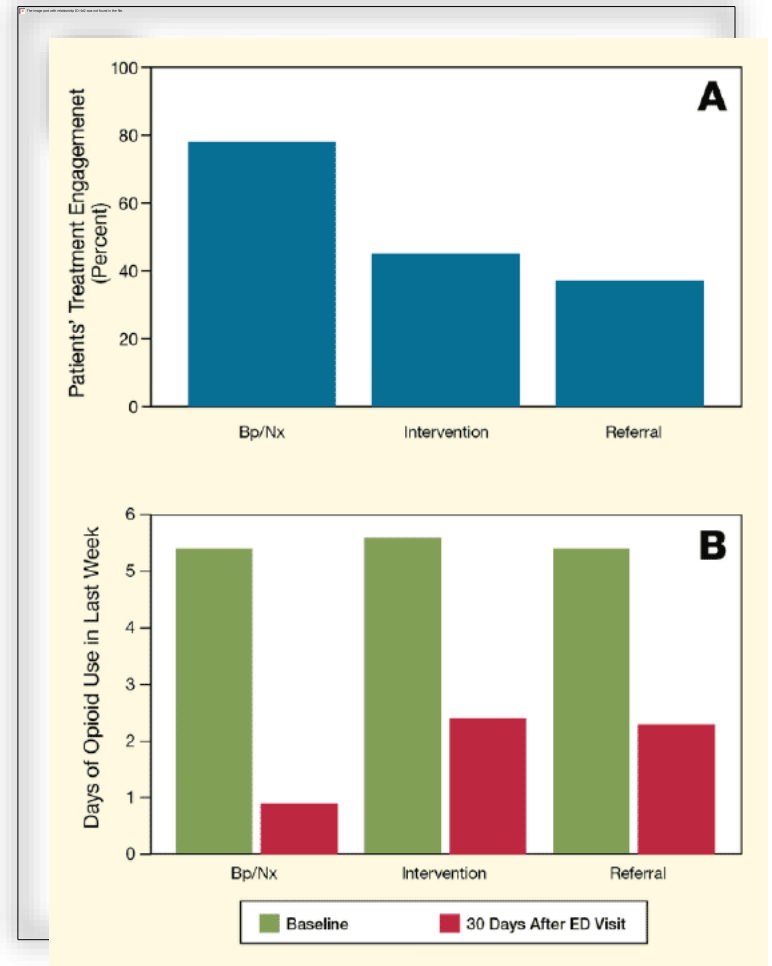


- ❖ Opioid Treatment programs
- ❖ Inpatient consults
- ❖ Primary care –individual and shared medical visits
- ❖ Specialty care (Ob/Gyn, pain management, PM&R)
- ❖ Emergency Care
- ❖ Telehealth

# ED initiated Buprenorphine

## ED patients assigned to 1 of 3 Protocols:

1. Referral for treatment with handout
2. Brief Negotiation Interview (BNI)- 10-15 min motivational interview and active connection to treatment
3. BNI + Bp/Nx and active connection to treatment



D'Onofrio, G.; O'Connor, P.G.; Pantalon, M.V. et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: A randomized clinical trial. *The Journal of the American Medical Association* 313(16):1636-1644, 2015. [Full text](#)

# Connecting At- Risk Patients to Treatment

- Live Peer Supporters in the ED and available for inpatient consult 24/7
- Ascent Solution mobile App for continued connection to treatment outside of the hospital



## TYPE OF SUPPORT:

### Emotional

Demonstrates empathy, caring, develops connection with patient

### Informational

Shares knowledge and information regarding treatment options and support services

### Instrumental

Assists with warm handoff to treatment





**Moving Upstream...**  
**PREVENT ADDICTION**



# Prevention

- ☐ **Data Analysis of Opioid prescribing**
- ☐ **Peer review and provider level interventions**
- ☐ **Education for Providers and Patients**
- ☐ **Informatics initiatives**

# Opioid Prescriber Scorecard- will be live by 11/1/17 for all providers

## Opioid prescriber scorecard

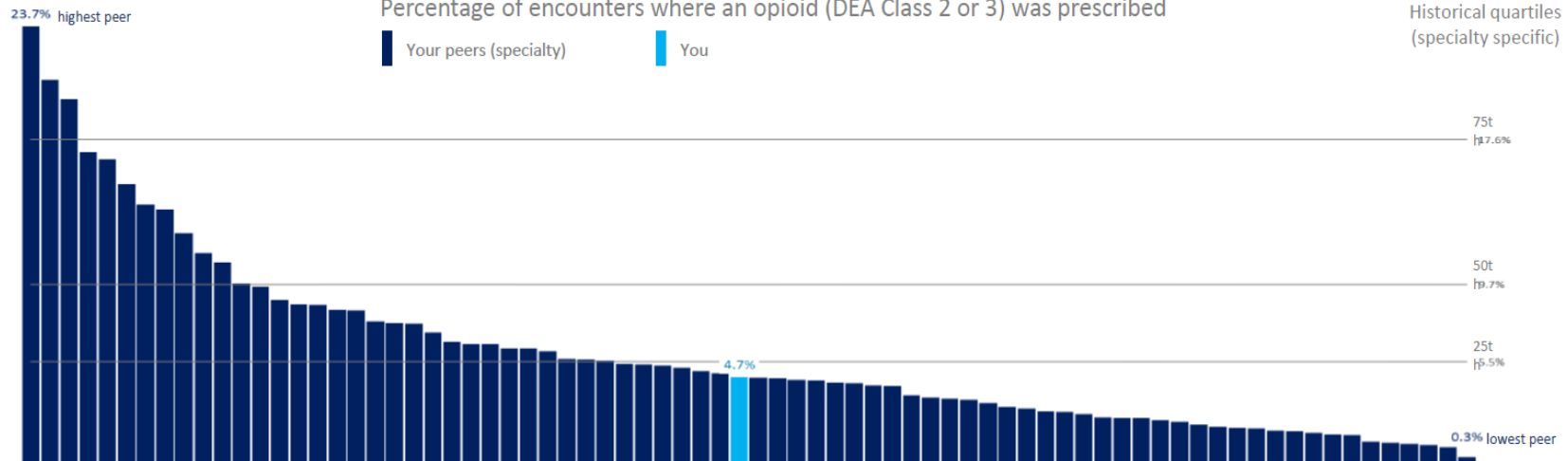
[Redacted] MD

Specialty: Emergency Medicine



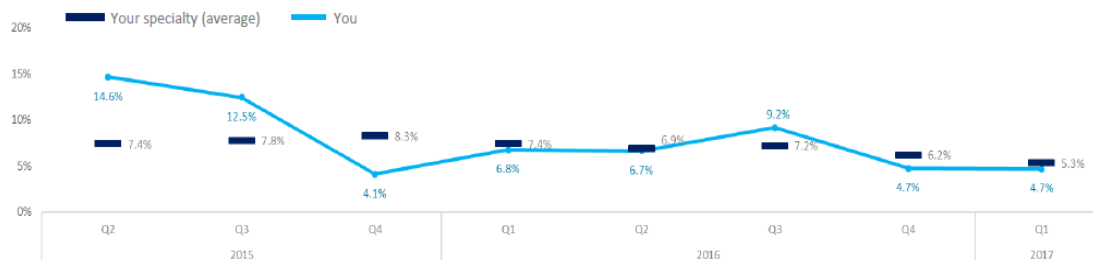
### Your opioid prescribing compared to your peers (2017Q1)

Percentage of encounters where an opioid (DEA Class 2 or 3) was prescribed



### Your opioid prescribing compared to your specialty average over time (24 months)

Percentage of encounters where an opioid (DEA Class 2 or 3) was prescribed



### Other opioid prescribing metrics (2017Q1)

OARRS Check	XX%
Co-prescribing benzodiazepines	XX%
Average Morphine Equivalent Dose (MED)	XXmg

Report creation date: 2017.10.06



# Peer Review Review of Providers

## 1. Use data to identify opioid prescribing trends

Prescribing Metrics:

- ❖ Total opioid pills
- ❖ Total opioid pills/100 encounters
- ❖ Average MME
- ❖ Opioid + benzos
- ❖ OARRS compliance

## 2. Perform chart review

## 3. Meet with provider share data and identified areas to performance improvement

## 4. Develop and implement performance improvement plan

## 5. Reevaluate performance



# EDUCATING METROHEALTH PROVIDERS:

## Safer Opioid Prescribing Town Halls

The Office of Opioid Safety conduct weekly Opioid Town Halls.

The objectives of the town halls are to:

1. Identify processes and tools for safe opioid prescribing
2. Discuss the impact of federal and state laws pertaining to opioid prescribing.
3. Integrate assessment and management tools to mitigate drug misuse and monitor effective patient adherence to drug regimens.

**All providers must attend a town hall.**

## Monthly Lunch and Learn

Provide providers/employees with identified areas of need educational support and resources

**Topics include:**

- ✓Urine Tox vs. Pain Management Panel
- ✓Weaning patients off of opioids
- ✓The addiction model
- ✓Inheriting patients on chronic opioid therapy



## Safe Opioid Prescribing Provider Simulation Program

1. Demonstrate effective skills for safer opioid prescribing, address aberrant behavior and illicit drug use, and manage inherited primary care patients on high dose opioids.
2. Address aberrant behavior and illegal drug use in an opiate-treated patient with chronic pain.
3. Address aberrant behavior and illegal drug use in a patient with ADHD

# Safer Opioid Prescribing...

*Making the SAFEST choice the EASIEST choice*

Order Sets & Panels (No results found)

Medications A (No results found)

Generic Prints A: Summary	Dispense	Ref	Pref List	Formulary	Copa
(PERCOCET) tablet 5-325 mg pain 3 day supply (aka... CODONE-... 1 Tablet EVERY 6 HOURS PRN (Oral)	12 Tablet	0	ED ME...		
(PERCOCET) tablet 5-325 mg pain 5 days supply (aka... CODONE-... 1 Tablet EVERY 6 HOURS PRN (Oral)	20 Tablet	0	ED ME...		
(PERCOCET) tablet 5-325 mg pain 7 day supply (aka... CODONE-... 1 Tablet EVERY 6 HOURS PRN (Oral)	28 Tablet	0	ED ME...		

Procedures (No results found)

## 2. Alert for duration over State limits in Emergency Departments and Express care

- This alert will fire when a prescription of **over 7 days duration (5 days in children)** is created
- In keeping with Ohio law this alert focuses acute care settings (ED & Express Care)
- This alert will look similar to the one below

Order Validation

**You can proceed and sign these orders, but the following information is missing or might require your attention:**

oxycodone-acetaminophen (PERCOCET) 5-325 MG tablet does not have a valid total days supply. 14 days is greater than the maximum allowed duration of 7 days. Please review the prescribed quantity, prescribed refill amount, and pharmacy dispense information.

Accept Cancel

### .OVERMED

The patient's condition involves (exception reasons.1303030...1). Thus, the patient's pain cannot be managed within the 30 MED limit. The prescribed dose reflects the lowest dose consistent with the patient's medical condition.

**Reason:** Thus, the patient's pain cannot be managed because of:  
 - traumatic crushing of tissue  
 - amputation  
 - major orthopedic surgery  
 - severe burns  
 - terminal condition / hospice care  
 - other \*\*\*

### .OVERDURATION

The patient's prescription exceeds the acute pain limits in days prescribed. Based on the pathology of the patient's condition, the patient's pain is expected to be significant and to last longer than 7 days. Also, non-opioid medications are not sufficient to treat the patient's condition because (non-opioids not used reasons.1303031...1).

**Reason:** Thus, 7 days of non-opioid medications are not sufficient to manage the patient's pain because of:  
 - patient allergic to alternatives  
 - alternatives tried but not successful at managing pain  
 - patient has opioid tolerance  
 - other contraindications including \*\*\*

## Epic Opioid Updates 3/15/2018

To reduce unnecessary opioid prescribing and improve opioid safety 3 new tools will go live in Epic on 3/15/18.

### 1. Order validation alert for total MEDD over 80

- This alert looks at **both** the existing MEDD in Epic and the order being placed
- It does **NOT** look at data from OARRS
- MEDD over 80 are considered very dangerous
  - Patients with orders over this threshold **require documentation to justify**
- This is **NOT** a hard stop at this time
- Patients with cancer, sickle cell disease or on hospice should not trigger this alert

Order Validation

**You can proceed and sign these orders, but the following information is missing or might require your attention:**

Signing these orders will cause the patient's morphine equivalent daily dose to be 130 mg MEDD, which exceeds the threshold of 80 mg MEDD.

The total morphine equivalent daily dose of the unexpired orders is 50 mg MEDD, which exceeds the threshold of 80 mg MEDD.

Maximum morphine equivalent daily dose prior to 3/15/18 before signing (30/15): 50 mg MEDD

Maximum morphine equivalent daily dose prior to 3/15/18 after signing (30/15): 130 mg MEDD

Accept Cancel

## Tools to help with Opioid Prescribing Regulations

When you enter a new order in Epic, the system will automatically calculate the patient's total morphine equivalent daily dose (MEDD) and alert you if it exceeds 80 mg MEDD. This tool is designed to help you understand the patient's current MEDD and the impact of your new order. It also provides a list of all active opioid orders and their dosages, so you can see the total MEDD and make adjustments as needed.

Current Daily Morphine Equivalents (MEDD or MME) in Ambulatory and ED

Searchable

Order Set	Order Type	Order Date	Order Time	Order Status	Order Location	Order Provider	Order Patient	Order Medication	Order Dose	Order Frequency	Order Route	Order Unit	Order Quantity	Order Refill	Order Days Supply	Order Total Days Supply	Order Total MEDD	Order Total MME
PERCOCET	Tablet	3/15/18	10:00 AM	Active	ED	Dr. Smith	John Doe	PERCOCET	5-325 mg	Every 6 hours PRN	Oral	Tablet	12	0	12	12	12	12

Clicking on the MEDD value in the header will display a report showing how the value was calculated and the individual orders contributing to the total.

Order Set	Order Type	Order Date	Order Time	Order Status	Order Location	Order Provider	Order Patient	Order Medication	Order Dose	Order Frequency	Order Route	Order Unit	Order Quantity	Order Refill	Order Days Supply	Order Total Days Supply	Order Total MEDD	Order Total MME
PERCOCET	Tablet	3/15/18	10:00 AM	Active	ED	Dr. Smith	John Doe	PERCOCET	5-325 mg	Every 6 hours PRN	Oral	Tablet	12	0	12	12	12	12

## ED Discharge Acute and Chronic Pain [3922]

### Medications

#### Topical/Transdermal (Single Response)

- |  |        |
|--|--------|
| <input type="radio"/> Lidocaine (LIDODERM) 5 % patch | Normal |
| <input type="radio"/> Capsaicin 0.025 % cream        | Normal |

#### Neuropathic Pain (Single Response)

- |  |        |
|--|--------|
| <input type="radio"/> Gabapentin (NEURONTIN) 100 MG capsule            | Normal |
| <input type="radio"/> Pregabalin (LYRICA) 50 MG capsule                | Normal |
| <input type="radio"/> Duloxetine (CYMBALTA)                            | Normal |
| <input type="radio"/> Venlafaxine HCl extended release 24-hour capsule | Normal |
| <input type="radio"/> Amitriptyline HCl                                | Normal |
| <input type="radio"/> Nortriptyline HCl                                | Normal |

#### Oral Non-Opioids Meds (Single Response)

- |   |        |
|---|--------|
| <input type="radio"/> Acetaminophen (TYLENOL) 325 MG tablet | Normal |
| <input type="radio"/> Celecoxib (CELEBREX) capsule          | Normal |
| <input type="radio"/> Meloxicam                             | Normal |
| <input type="radio"/> Ibuprofen (MOTRIN)                    | Normal |
| <input type="radio"/> Naproxen (NAPROSYN)                   | Normal |

#### Opioids - Acute Pain Only (Single Response)

All opioid prescriptions are limited to 12 pills each.

- |   |                     |
|---|---------------------|
| <input type="radio"/> hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet | Normal • 12 Tablet, |
| <input type="radio"/> oxyCODONE-acetaminophen (PERCOCET) 5-325 MG tablet    | Normal • 12 Tablet, |
| <input type="radio"/> oxyCODONE 5 MG HCl                                    | Normal • 12 Tablet, |
| <input type="radio"/> tramadol (ULTRAM) tablet                              | Normal • 12 Tablet, |
| <input type="radio"/> Codeine Sulfate                                       | Normal • 12 Tablet, |

#### Opioids Reversal

- |   |        |
|---|--------|
| <input type="checkbox"/> Naloxone HCL 4 MG/0.1ML Nasal Liquid | Normal |
|---|--------|

! PEG Pain score

Mild Moderate Severe

! What number best describes your pain on average in the past week?

0; No Pain 1 2 3 4 5 6 7 8 9 10; Pain as bad as you can imagine

! What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0; No Pain 1 2 3 4 5 6 7 8 9 10; Pain as bad as you can imagine

! What number best describes how, during the past week, pain has interfered with your general activity?

0; No pain 1 2 3 4 5 6 7 8 9 10; Pain as bad as you can imagine

Cleveland, OH, June 29, 2018

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## The MetroHealth System Slashes Opioid Prescribing by 3 Million

**Over 18 months we prescribed  
3 millions less opioid pills**

**62% reduction in prescribed  
pills for acute pain**

**25% reduction in prescribed  
pills for chronic pain**







# SUMMARY

**START with Overdose prevention and then move upstream**

**Increase access to MAT in traditional and nontraditional settings (ED, primary care, telehealth)**

**An ounce of prevention is worth a pound of cure!!  
Address addiction before it starts with initiatives and tools to reduce overprescribing**



**MetroHealth**