MemorialCare Health System’s Approach to Reducing Opioid Overuse: The Providers’ Role

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Areas of Focus for Providers

- Reduce New Starts on Opioids
- Safe prescribing and monitoring habits
- Provide Narcan to chronic opioid users
- Appropriate referrals to Addiction Medicine
Current areas of Work at MHS

• Making it easier to do the right thing: EMR automation
• Identification of patients at risk: SOAP
• Embedding provider education
• Developing consistency in CURES 2.0 checks, Controlled Substance Agreements, and Urine Drug Screens
• Use of analytics to identify opportunities
• Participation in outside workgroups
Automating Best Practices

• Development of COT “Smart Set” –
  - Groups together commonly used orders
  - Allows inclusion of Best Practices we wish to promulgate
    • CURES 2 check
    • Urine Drug Screening
    • Linked prescribing of Narcan
COT Smart Set

Chronic Opioid Therapy
CURES PDPMP
CDC Guideline for Prescribing Opioids for Chronic Pain

Long-Acting Pain Medications
- oxyCODONE (OxyCONTIN) extended release tablet for 3 months
- morphine (MS CONTIN) extended release tablet for 3 months
- fentanyl (DURAGESIC) patch for 3 months

Short-Acting Pain Medications
- HYDROcodone-acetaminophen (NORCO) tablet for 3 months
  - HYDROcodone-acetaminophen (NORCO) 5-325 mg Q8H PRN (MED 15 mg)
  - HYDROcodone-acetaminophen (NORCO) 5-325 mg Q8H PRN (MED 20 mg)
  - HYDROcodone-acetaminophen (NORCO) 7.5-325 mg Q8H PRN (MED 22.5 mg)
  - HYDROcodone-acetaminophen (NORCO) 7.5-325 mg Q6H PRN (MED 30 mg)
  - HYDROcodone-acetaminophen (NORCO) 10-325 mg Q6H PRN (MED 30 mg)
  - HYDROcodone-acetaminophen (NORCO) 10-325 mg Q6H PRN (MED 40 mg)
- oxyCODONE-acetaminophen (PEROCET) tablet for 3 months

Labs
- Urine Drug Screen

Naloxone
COT Smart Set

**Long-Acting Pain Medications**
- oxyCODONE (OxyCONTIN) extended release tablet for 3 months
- morphine (MS CONTIN) extended release tablet for 3 months
- fentaNYL (DURAGESIC) patch for 3 months

**Short-Acting Pain Medications**
- HYDROcodone-acetaminophen (NORCO) tablet for 3 months
- oxyCODONE-acetaminophen (PERCOCET) tablet for 3 months

**Labs**
- Urine Drug Screen
  - Urine Drug Screen

**Naloxone**
- naloxone (EVZIO) 0.4 mg/0.4 mL auto-injector IM
  - Disp-1 Dual Pack, R-0
- naloxone (NARCAN) 4 mg/actuation nasal spray
  - Disp-1 Dual Pack, R-0
COT Smart Set

CURES PDMP

Long-Acting Pain Medications
- oxyCODONE (OxyCONTIN) extended release tablet for 3 months: 0 of 6 selected
- morphine (MS CONTIN) extended release tablet for 3 months: 0 of 4 selected
- fentanyl (DURAGESIC) patch for 3 months: 0 of 5 selected

Short-Acting Pain Medications
- HYDROcodone-acetaminophen (NORCO) tablet for 3 months: 0 of 6 selected
  - HYDROcodone-acetaminophen (NORCO) 5-325 mg Q8H PRN (MED 15 mg)
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  - HYDROcodone-acetaminophen (NORCO) 10-325 mg Q6H PRN (MED 40 mg)
- oxyCODONE-acetaminophen (PEROCET) tablet for 3 months: 0 of 6 selected

Labs
- Urine Drug Screen: 0 of 1 selected

Naloxone
- Naloxone: 0 of 2 selected
1. Currently prescribed more than 100 morphine mg equivalency per day
2. Currently obtained prescriptions from 6 or more providers or pharmacies during last 6 months
3. Prescribed more than 40 morphine mg equivalents of Methadone daily
4. Current prescribed opioids more than 90 consecutive days
5. Current prescribed both benzodiazepines and opioids
CURES Consistency

• Working on mechanism to ensure consistency (at least every 90 days) of CURES 2.0 checks and CSAs
  – Challenges with automated links to CURES 2.0
  – not available yet
  – Workaround: Develop COT Registry, and use registry membership as trigger for Health Maintenance Reminder to provider
  – Completing CURES SmartPhrase and/or CSA SmartPhrase will satisfy the HM reminder
CURES Reports

• Suggest checking at the start of opioid use
• At least every 3 months for COT
• Other events
  1. Urgent Care
  2. ER
  3. Lost or stolen medications
Controlled Substance Agreement

MEMORIALCARE MEDICAL GROUP

CONSENT FOR CHRONIC CONTROLLED SUBSTANCE THERAPY
(Opioid, Pain, ADD or ADHD, Amphetamines, Tranquilizers, Sedatives, Sleep and other potentially mood altering drugs.)

GENERAL STATEMENT

The doctors of MemorialCare Medical Group are committed to doing all we can to treat your medical condition. In some cases, controlled substance medications (i.e. opiates, stimulants, benzodiazepines, etc.) are useful but have a high potential for misuse and...
Controlled Substance Agreement – Best Practice Alert

- BPA for long acting opioids: OxyContin, Duragesic, MS Contin, Methadone
- “A prescription for a long-acting opioid is being prescribed. The patient does not have a Controlled Substance Agreement signed. Problem entered in the Problem List.”

- Controlled Substance Agreement signed
Urine Drug Screen

- At initiation of LA/ER opioid therapy
- At least every year
- Other events
  1. Urgent Care
  2. ER
  3. Lost or Stolen medications
- Building HM BPA to alert when UDS due
Embedding Provider Education

• Link to CDC Guideline on Chronic Opioid Therapy
# Chronic Opioid Therapy

**CURES PDMP**

**CDC Guideline for Prescribing Opioids for Chronic Pain**

### Long-Acting Pain Medications

- **oxyCODONE (OxyCONTIN)** extended release tablet for 3 months
  - 0 of 6 selected
- **morphine (MS CONTIN)** extended release tablet for 3 months
  - 0 of 4 selected
- **fentaNYL (DURAGESIC)** patch for 3 months
  - 0 of 5 selected

### Short-Acting Pain Medications

- **HYDROcodone-acetaminophen (NORCO)** tablet for 3 months
  - HYDROcodone-acetaminophen (NORCO) 5-325 mg Q8H PRN (MED 15 mg)
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  - HYDROcodone-acetaminophen (NORCO) 10-325 mg Q6H PRN (MED 40 mg)
- **oxyCODONE-acetaminophen (PERCOCET)** tablet for 3 months
  - 0 of 6 selected

### Labs

- Urine Drug Screen
  - 0 of 1 selected

### Naloxone

- Naloxone
  - 0 of 2 selected

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**Pharmacy**

CVS/PHARMACY #9725 - ORANGE, CA - 480 S. MAIN ST AT CRNR W LA VETA AVE, ACROSS ST JOS

Phone: 714-938-1321
Embedding Provider Education

- **Link to CDC Guideline on Chronic Opioid Therapy**
- **Best Practice Alerts (Clinical Decision Support)** that are triggered by specific provider actions, and contain links to educational material
  - E.g., prescribing dosages in high-risk range (BPA triggers with >90 MME dosing unless patient has active cancer diagnosis or is in palliative care/hospice care)
Embedded Education

Checklist for prescribing opioids for chronic pain
For primary care providers treating adults (18+) with chronic pain ≥3 months, excluding cancer, palliative, and end-of-life care

**When CONSIDERING long-term opioid therapy**
- Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- Check that non-opioid therapies tried and optimized.
- Discuss benefits and risks (eg, addiction, overdose) with patient.
- Evaluate risk of harm or misuse.
  - Discuss risk factors with patient.
  - Check prescription drug monitoring program (PDMP) data.
  - Check urine drug screen.
- Set criteria for stopping or continuing opioids.
- Assess baseline pain and function (eg, PEG scale).
- Schedule initial reassessment within 1-4 weeks.
- Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

**If RENEWING without patient visit**
- Check that return visit is scheduled ≤3 months from last visit.

**When REASSESSING at return visit**
Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.
- Assess pain and function (eg, PEG); compare results to baseline.
- Evaluate risk of harm or misuse.
  - Observe patient for signs of over-sedation or overdose risk.
    - If yes: Taper dose.
    - Check PDMP.
    - Check for opioid use disorder if indicated (eg, difficulty controlling use).
  - If yes: Refer for treatment.
- Check that non-opioid therapies optimized.
- Determine whether to continue, adjust, taper, or stop opioids.
- Calculate opioid dosage morphine milligram equivalent (MME).
  - If ≥50 MME/day total (≥50 mg hydrocodone, ≥33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  - Avoid ≥90 MME/day total (≥90 mg hydrocodone, ≥60 mg oxycodone), or carefully justify; consider specialist referral.
- Schedule reassessment at regular intervals (≤3 months).

**REFERENCE**

**EVIDENCE ABOUT OPIOID THERAPY**
- Benefits of long-term opioid therapy for chronic pain not well supported by evidence.
- Short-term benefits small to modest for pain, increased for function.
- Ineffective evidence for long-term benefits in low back pain, headaches, and fibromyalgia.

**NON-OPIOID THERAPIES**
Use alone or combined with opioids, as indicated:
- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anti-vomiting agents).
- Physical treatments (eg, exercise therapy, weight loss).
- Behavioral treatment (eg, CBT).
- Procedures (eg, intra-articular corticosteroids).

**EVALUATING RISK OF HARM OR MISUSE**
Known risk factors include:
- Illegal drug use, prescription drug use for nonmedical reasons.
- History of substance use disorder or excessive.
- Mental health conditions (eg, depression, anxiety).
- Sleep-disordered breathing.
- Concurrent benzodiazepine use.

**Urine drug testing:**
Check to confirm presence of prescribed substances and for unintentional prescription drug or illicit substance use.

**Prescription drug monitoring program (PDMP):**
Check for opioids or benzodiazepines from other sources.

**ASSESSING PAIN & FUNCTION USING PEG SCALE**
PEG score: average 3 individual question scores (50% improvement from baseline is clinically meaningful).

- **Q1:** What number from 0-10 best describes your pain in the past week?
  - 0-“no pain”, 10—“worst you can imagine”
- **Q2:** What number from 0-10 describes how well your pain has interfered with your enjoyment of life?
  - 0—“not at all”, 10—“complete interference”
- **Q3:** What number from 0-10 describes how well your pain has interfered with your general activity?
  - 0—“not at all”, 10—“complete interference”

**REFERENCE**

**PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW**

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

**WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?**

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

**RISKS ARE GREATER WITH:**

- History of drug use, misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

*CCHS/ECIC May 19, 2016

TO LEARN MORE:
[www.cdc.gov/drugoverdose/prescribing/guideline.html](http://www.cdc.gov/drugoverdose/prescribing/guideline.html)
Use of Analytics

• Using our Enterprise Data Warehouse to create custom reports
• Can be pushed to individual providers and to site Medical Directors
• Allows high degree of customizability
• Our first run: Patients prescribed opiate therapy during a 90-day period with at least 1 day > 90 MME
• Excludes patients with active cancer diagnosis, or on Palliative Care
Initial Results: In a 3-month period in 2016,
Patients having an encounter: 69,669

Patients with a prescription for opiate: 3,208

Patients with at least 1 day > 90 MME: 180 (5.6%)
Participation in Outside Workgroups

- IHI Alliance – Opioid Prescribing
- State Workgroup on Reducing Overuse
Future Steps

• Reducing “New Starts”
  – Point-of-care provision of provider and patient-focused education on alternatives to opioids, e.g. CDC

• Working with Contracting to reduce impediments to use of alternative therapies – PT, acupuncture, chiropractic, Addiction Treatment, etc.