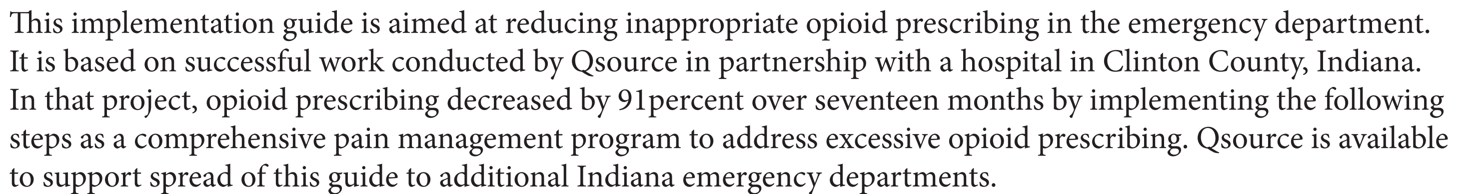
Opioid Prescription Reduction Project

Implementation Guide

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Qsource.



This implementation guide is aimed at reducing inappropriate opioid prescribing in the emergency department. It is based on successful work conducted by Qsource in partnership with a hospital in Clinton County, Indiana. In that project, opioid prescribing decreased by 91percent over seventeen months by implementing the following steps as a comprehensive pain management program to address excessive opioid prescribing. Qsource is available to support spread of this guide to additional Indiana emergency departments.

1. Obtain Senior Leadership support for an Opioid Prescribing Reduction Project to ensure resources and staff hours are available to do the necessary work.

2. Review hospital emergency department (ED) policy for prescribing opioids (if one doesn't exist, develop it). Items to include:
   - Consider non-opioid medications for acute pain first
   - Recommend non-medicine interventions (PT, ice, ACE, elevate, heat, etc.)
   - Do not refill or prescribe chronic pain medications
   - If opioids are prescribed, only provide a ≤ 3 day supply

3. Develop a Pain Committee and establish a regular meeting schedule. Charter members should include at a minimum:
   - ED Nurse Manager
   - ED Physician (Champion)
   - Pharmacist

4. Establish goals for the project and create an implementation timeline. Consider including Return on Investment (ROI) projections. Goals could include:
   - Education of all ED prescribers on appropriate opioid prescribing
   - Education of ED staff on appropriate care of patients complaining of chronic pain including offering resources and tools for care outside the ED
   - Prescriber use of INSPECT prior to prescribing an opioid 100 percent of the time
   - Reduction in the total # of opioid prescriptions being provided by the ED
   - Reduction in the # of tablets represented by opioid prescriptions
   - Reduction in the morphine milligram equivalents (MME) represented by opioid prescriptions

5. Determine how ED prescribing data will be collected, monitored and acted upon.
   - Establish a baseline prescribing rate for individual prescribers and for the ED as a group (recommended baseline (look-back) period: 6 months)
   - Review information available via ED pharmacy reports
     - Patient name
     - Admitting and/or discharge diagnosis
     - Prescriber name
     - Drug name
     - Dosage
     - Instructions
     - # of tablets prescribed

6. If possible, include “scripts” for non-opioid medications in reporting (embed non-opioid options into the electronic medical record (EMR))
7. Share reports with ED prescribers on a regular basis (monthly or quarterly). Determine the following:
   - Who will share the information with the prescribers
   - Will you share only individual data with each prescribers or blinded / non-blinded group data
   - Who initiates corrective action if it is necessary

8. “Recruit” prescribers and provide opioid prescribing education and resources. Education and resources can be provided in face-to-face meetings, electronically via email, on a thumb drive, etc. Ideally, create an easy to access on-line library of opioid prescribing resources.
   - Hospital policy
   - “First Do No Harm” toolkit* | http://resourcehub.exchange/download/first-do-no-harm/
   - “First Do No Harm” addendum* | http://resourcehub.exchange/download/addendum-to-first-do-no-harm-toolkit/
   - Indiana Guidelines for Managing Acute Pain* | http://resourcehub.exchange/download/indiana-guidelines-for-the-management-of-acute-pain/
   - Indiana Guidelines for Opioid Prescribing in the Emergency Department* | http://resourcehub.exchange/download/indiana-guidelines-for-opioid-prescribing-in-the-er/
   - INSPECT legislation | http://iga.in.gov/legislative/2018/bills/senate/221#digest-heading
   - CDC handouts**
   - MME calculator (CDC Opioid Guideline Mobile Application includes a calculator and is available free for iPhone and Android phones)

9. Instruct prescribers to register with and use the State’s Prescription Drug Monitoring Program (PDMP) – INSPECT to the ED prescribers | https://www.in.gov/pla/inspect/
   - Ensure INSPECT is integrated into the ED EMR
   - Determine how to monitor, to ensure that ED prescribers are querying INSPECT prior to providing an opioid script

10. Provide training to ED staff on the following:
    - Hospital policies
    - Goals of the project
    - Motivational interviewing*
    - Guiding statement example: “Our patients may not need opioids, but they do deserve excellent care.”

11. Create a library of pain relief literature accessible to print and provide to patients.
    - Establish guidelines/process for documenting in the EMR when resources are provided to the patient.
      - Primary care providers
      - Urgent care clinics
      - Pain management professionals
      - Mental/behavioral health providers
      - Addiction services
      - Sober living options
      - 12-step programs
      - Community resources:
        - health department
        - patient advocacy / safety organizations
        - food pantries
        - support groups

12. Develop local resource lists that are easily accessible to print and provide to patients. If these services are not provided in your county, include information for surrounding counties.

* Documents can be found online at www.ResourceHub.Exchange.
**Additional reference information can be found on the CDC website: https://www.cdc.gov/drugoverdose/index.html

This material was prepared by Qsource, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), for Indiana under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Content presented does not necessarily reflect CMS policy. 20.QIO.09.043

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
Qsource