

# The IPRO QIN-QIO presents

## Opioid & Pain Management Best Practices

### *Strategies for Success Video Series*



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# Promoting Safe Use of Opioids: A Community Hospital's Response to a National Emergency

## ***PRESENTED BY:***

**Kara Harrer, PharmD  
Director of Pharmacy  
Calvert Health  
Maryland**



CalvertHealth™

## Promoting the Safe Use of Opioids: A Community Hospital's Response to a National Emergency

Kara Harrer, PharmD, Director of Pharmacy



# Opioid Stewardship Team Goal

- ▶ The goal of the Opioid Stewardship Committee (OSC) is to ensure that opioids are used safely at Calvert Health Medical Center.
- ▶ Safe and appropriate pain control is one of our highest priorities and we are committed to following national best practice guidelines
- ▶ OSC optimizes clinical outcomes while minimizing risk of overuse and addiction
- ▶ Reduce opioid utilization in ED (20% year 1)
- ▶ Collaboration with Health Department – Peer Counselor and Medication Assisted Therapy (MAT)

# Key Objectives for Opioid Safety

- ▶ Implement formal opioid prescribing policy and guideline
- ▶ Develop communication tools ( Scripting, brochures, FAQ)
- ▶ Promote “ Alternative to Opioids” ( ALTO)
- ▶ Become “Dilaudid Free”( ED- May 2017)
- ▶ Track and report prescribing practices
- ▶ Establish Naloxone prescribing practices, toolkits
- ▶ Develop referral resources network (addiction and pain management)
- ▶ Peer counselor – available in ED and inpatient
- ▶ MAT therapy- availability

# Activities– Opioid Stewardship Committee and Leadership

- ▶ **Developed Prescribing Guidelines**

- Emergency Dept. & Inpatient

- ▶ **Patient and Family Education**

- Brochure, Flyers, Calvert Health Series

- ▶ **Physician & Staff Education**

- Emergency providers and staff have started training

- ▶ **Review Opioid Utilization (Starting with ED)**

- ▶ **Developed Discharge Policy, Instructions**

- ▶ **Community Meeting Participation (Leadership)**

# Communication Tools

## Aides for Clinicians & Patients

### Substance Misuse Resources

#### OUTPATIENT SERVICES

**Calvert Behavioral Health**  
Individual and group counseling, assessments and drug testing  
Prince Frederick, MD  
410.535.3079

**Alcoholics Anonymous**  
Meetings run throughout the county at various locations. For an up-to-date listing, go to:  
[www.calvertaa.org](http://www.calvertaa.org)  
1.800.492.0209

**Project Chesapeake**  
Prince Frederick, MD  
443.968.8331

**Project Phoenix**  
Substance Abuse and Mental Health Liaison for Calvert Behavioral Health  
410.474.9964

**Narcotics Anonymous**  
Another Chance Group  
1.877.968.6518

**SAMHSA's National Helpline**  
1.800.662.HELP (4537)

**American Addiction Centers**  
888.779.6291

**Recovery Centers of America**  
The Maryland Center for Addiction Treatment  
Waldorf, MD  
855.399.7002

**Peer Recovery Support Specialist** 410.535.3079

#### INPATIENT SERVICES

**American Addiction Centers**  
Gina Carey, Treatment Consultant  
703.403.1675 / 703.373.2631

**Genesis House**  
Nicole Barker, Research and Program Development  
(Cell) 561.699.7733

**Pathways**  
Annapolis, MD  
443.481.5400

**Turning Point Hospital**  
(For Medicare Parts A and B)  
Moultrie, GA  
229.985.4815

**Warwick Manor**  
(Will pick up patients from ER)  
East New Market, MD  
410.943.8108

#### OUTPATIENT & INPATIENT SERVICES

**Avenues**  
Individual and group treatment, intensive outpatient services, Suboxone®/sebutex programs  
Prince Frederick, MD  
410.535.8930

**Pyramid Walden Groups**, individual counseling, detox bed, inpatient treatment  
Charlotte Hall, MD  
301.997.1300  
*Walk-in assessments available. Call for hours.*

**FOR A FULL RESOURCE LIST, GO TO:**  
[CalvertHealthMedicine.org/SubstanceMisuseResources](http://CalvertHealthMedicine.org/SubstanceMisuseResources)

This facility is accredited by The Joint Commission on Accreditation of Healthcare Organizations. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at **1.800.994.6610**.

*CalvertHealth Medical Center does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, age, gender identification, religion, disability or sexual orientation.*

*El Centro Médico de CalvertHealth no discrimina con respecto a admisiones de pacientes, asignaciones de habitaciones, servicios al paciente o empleo sobre la base de raza, color, origen nacional, religión, discapacidad, edad, sexo, incapacidad, identificación de género o sexual orientación.*

*Trung tâm Y tế CalvertHealth không phân biệt đối xử về việc nhập viện của bệnh nhân, phân công tại phòng, dịch vụ bệnh nhân hoặc việc làm dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tôn giáo, khuyết tật, tuổi, giới tính, khuyết tật, nhận dạng giới tính hay khuynh hướng tình dục.*

**If you or a loved one struggle with substance misuse, please refer to the resources available in this pamphlet. For a complete listing of resources available, visit [CalvertHealthMedicine.org/SubstanceMisuseResources](http://CalvertHealthMedicine.org/SubstanceMisuseResources).**



**CalvertHealth**

100 Hospital Road, Prince Frederick, MD 20678  
410.535.4000 301.855.1012

[CalvertHealthMedicine.org](http://CalvertHealthMedicine.org)



## OPIOID SAFETY

Information and Resources  
for Patients and Families



## Pain Management at Calvert Health System

Your health and wellness are of great importance to us. Safe, appropriate pain control is one of our highest priorities and we are committed to following national best practice guidelines. Addressing acute pain is one focus of emergent and urgent care. Providing ongoing pain relief may be complex. We recommend this be done through your primary healthcare provider such as your family doctor or pain management specialist. Because mistakes or misuse of pain medication can cause addiction, serious health problems and even death, it is important that you provide accurate information about all medications you are taking. CalvertHealth would like to provide pain relief options that are safe and appropriate.



### For your safety, we follow these guidelines when managing chronic pain:

1. We do not prescribe narcotic pain medicine for chronic pain if you have already received narcotic pain medication from another healthcare provider or emergency or acute care facility.
2. We may contact your primary care provider to discuss your care. We will not prescribe narcotic pain medicine if we cannot talk directly with your primary care provider. If you do not have a primary care provider, we will provide you with a list.
3. We may provide only enough pain medication to last until you can contact your primary care provider. We will prescribe pain medication with a lower risk of addiction and overdose whenever possible.
4. We are trained to look for and treat an emergency or urgent condition. We use our best judgment when treating pain and follow all legal and ethical guidelines. Our goal is to use non-narcotic options as a first line, when possible.
5. We may ask you to give a urine sample before prescribing narcotic pain medication.
6. Healthcare laws, including HIPAA, allow us to request your medical record and share information with other healthcare providers who are treating you.
7. Before prescribing a narcotic or other controlled substance, we may check the Chesapeake Regional Information System for our Patients (CRISP) portal or a similar database that tracks your narcotic and other controlled substance prescriptions.

### 8. For your safety, we do not:

- Routinely prescribe/utilize benzodiazepines and opioids together.
- Routinely give narcotic pain medication injections (shots or IV) for flare-ups of chronic pain.
- Refill stolen or lost prescriptions for narcotics or controlled substances.
- Provide missing Subutex, Suboxone® or methadone doses.
- Prescribe long-acting or controlled-release pain medication such as OxyContin®, MScContin®, Duragesic®, Methadone, Exalgo® and Opana® ER.

### For your safety, we DO:

- Discourage the use of opioids for dental and back pain, whether acute or chronic.
- Use opioids only when appropriate. Opioids should not be used to treat migraines, gastroparesis, cyclic vomiting or chronic abdominal or pelvic pain.

Consider non-medication treatments for pain. In many studies, the following have been shown to help more than drugs: physical therapy, meditation techniques, massage and yoga. Talk to your health care provider about these options for pain.

### DROP OFF LOCATIONS

*(for expired and unused medications)*

**Calvert County:** 24-hour drop boxes are available at the Sheriff's Department and Maryland State Police Barracks in Prince Frederick.

**Charles County:** 24-hour drop off at the La Plata and Waldorf Sheriff's Stations (by appointment at Bryan's Road).

**St. Mary's County:** 24-hour drop box at the Sheriff's Office in Leonardtown.



# Dilaudid FREE ED

## “SAFETY”

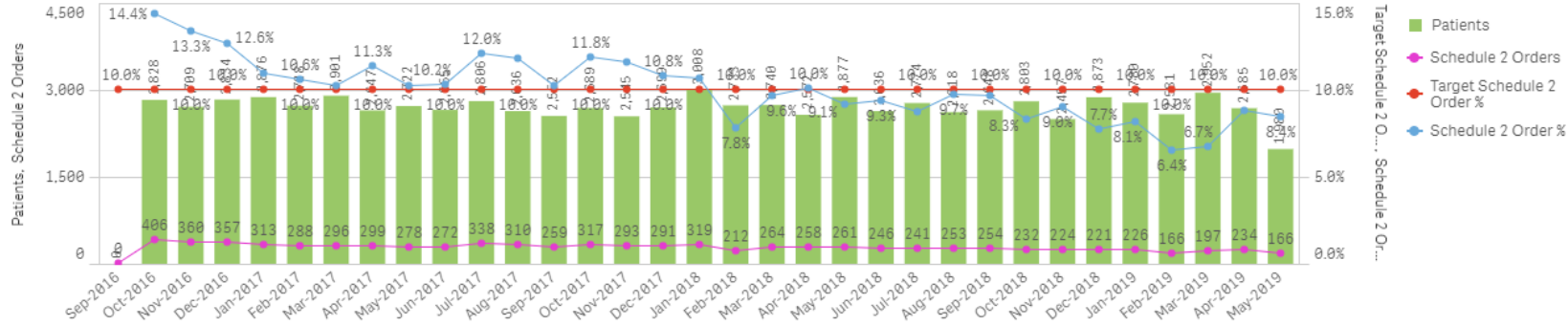
- ▶ Frequently listed by ISMP – High Risk
- ▶ Many EDs becoming Dilaudid (hydromorphone) “Free” or “Lite”
- ▶ Reduction in Dilaudid (hydromorphone) IV orders by 94% and sustaining
- ▶ Well received by clinicians, patients
  - Hardwired the system
    - Remove from ED Stock
    - Stock in pharmacy
    - Monitor & report prescribing

# Overview - ED Only

Patient Discharge Date	Provider Type	Provider Group	Provider Specialty	Provider Name	Provider Mnemonic
Order Date	Location	Order Name	Medication Status	Control Schedule	Schedule 2 Drug Roll-Up

## Schedule 2 Orders: Patients Discharged from ED

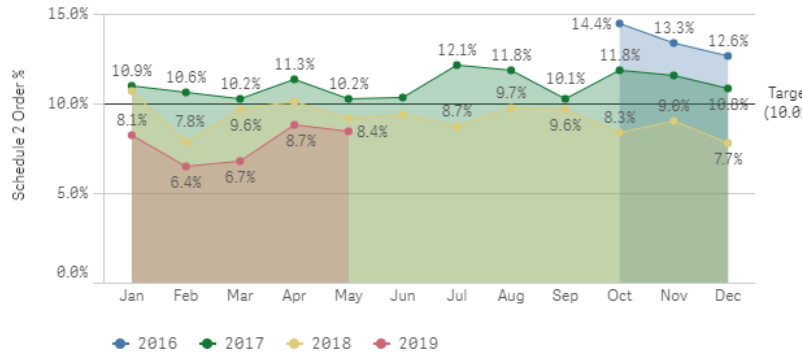
S2 New Home Medications Only



ED Patients Admitted as an Inpatient not included

## Schedule 2 Order Percentages: Trends Over Time

S2 New Home Medications Only



ED Patients Admitted as an Inpatient not included

## Schedule 2 Orders From ED: Percent Rx Discharge Controlled Substances (Target: <10.0%)

S2 New Home Medications for ED Patients

DischargeM...	ED Patients (Excludes those admitted as an Inpatient)	S2 Orders	ED Patients Discharged from ED S2 Order %
<b>Totals</b>	<b>86,584</b>	<b>8,651</b>	<b>10.0%</b>
May-2019	1,980	166	8.4%
Apr-2019	2,685	234	8.7%
Mar-2019	2,952	197	6.7%
Feb-2019	2,581	166	6.4%
Jan-2019	2,780	226	8.1%
Dec-2018	2,873	221	7.7%
Nov-2018	2,497	224	9.0%
Oct-2018	2,803	232	8.3%
Sep-2018	2,648	254	9.6%
Aug-2018	2,618	253	9.7%

ED Patients Admitted to Inpatient not included

## Schedule 2 Orders Over Time: Rx'd Su...

S2 New Home Medications for ED Patients

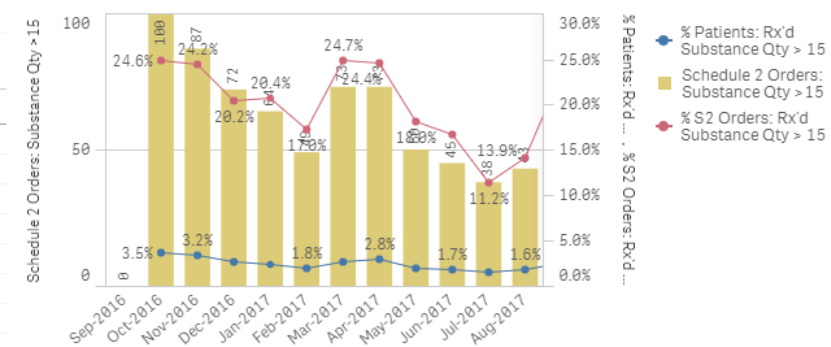
Disch...	ED Patients (Exclu...	S2 Orders	Sche... 2 Subs...	Patie Rx	Substance Name	Quantity
<b>Totals</b>	<b>86,584</b>	<b>8,651</b>	<b>1,345</b>	<b>1.6</b>	Lortab 7.5-325 mg/15 Oral Soln	200.0000
May-2019	1,980	166	2	0.1	Percoct 5-325	30.0000
Apr-2019	2,685	234	7	0.3	Percoct 5-325	20.0000
Mar-2019	2,952	197	1	0.6	Morphine Oral Solution	30.0000
Feb-2019	2,581	166	2	0.1	Percoct 5-325	20.0000
Jan-2019	2,780	226	9	0.3	Lortab 7.5-325 mg/15 Oral Soln	150.0000
Dec-2018	2,873	221	5	0.2	Lortab 7.5-325 mg/15 Oral Soln	60.0000
Nov-2018	2,497	224	6	0.2	Ms Contin	20.0000
Oct-2018	2,803	232	13	0.5	Oxycontin	20.0000
Sep-2018	2,648	254	20	0.8	Percoct 5-325	20.0000
					Norco 5-325 Tablet	20.0000

ED Patients Admitted to Inpatient not included

## Schedule 2 Orders Patient Detail: Rx'...

S2 New Home Medications for ED Patients

## Schedule 2 Orders Over Time: Rx'd Substance Quantity > 15



ED Patients Admitted to Inpatient not included



1. Measures 2019
Percentage of Schedule 2 orders for patients discharged from ED
Percentage of Discharge RX with greater than 15 tablets of Schedule 2 orders written
Number of Dilaudid RX written in ED
Number of Narcan kits dispensed to Overdose patients from ED
Number of electronic referrals to Peer Recovery Specialists at Health Department
Number of electronic referrals to Peer Recovery Specialists at Health Department accepted

County Statistics- Health Department
Number of Non fatal Over doses in Calvert County
Number of fatal incident in Calvert County
Heroin
Prescription Medication
Fentanyl
Xanax
Marijuana
Other substances (Kratom)
Cocaine

PI/SAFETY- Clinical Pertinence Reviews
If pain medication was given, was the physicians order followed based on pain level reported
Was the patients pain level reassessed and documented within an hour after pain medication

Pharmacy/Diversion reviews
Pyxis versus C2 safe- after delivery in pharmacy
Controlled Substance discrepancies unresolved within 24 hours
Pyxis controlled substance inventory completed weekly
Number of canceled removal incidents of controlled substance per month from Pyxis machines
Controlled Substance (II-V) doses dispensed from Pyxis Med station

Findings/Conclusions/Actions/Responsibilities/Timeline

Process/system change ED: Education OT: Other

PI: PI Team/Initiative PC:

Evaluation/Follow-up as indicated

# Accomplishments

- ▶ Developed Opioid Stewardship Dashboard- 2019
- ▶ Expanded Initiatives Hospital Wide- Dilaudid Free, Order Sets, ALTO
- ▶ Integrated peer recovery specialist with Health Department -Implemented December 2018 in ED and September 2019 in Inpatient
- ▶ DEA Diversion Task force convened
- ▶ Medical Marijuana task force convened
- ▶ New Opioid brochures to address ED, inpatient, and outpatient

# Recent Accomplishments

- ▶ Discharge RX Prescribing Metrics for primary practice providers and community providers
- ▶ Naloxone kit supply (intranasal) to overdose patients at risk for overdose – inpatients
- ▶ Strengthen referral base for patients OUD
- ▶ Medication Assisted Therapy (MAT) in ED
- ▶ Mobile Crisis Unit in Calvert County with Rapid Response to patient at home or in ED
- ▶ Additional providers waived to accept more patients for MAT therapy in community
- ▶ Continued hospital in collaboration with Health Department

# Current Priorities

- ▶ Inpatient Medication Assisted Therapy (MAT) order sets developed and initiation of MAT before discharge
- ▶ Training for providers and ancillary staff on inpatient protocol
- ▶ Peer Recovery Specialist back in hospital to provide counseling
- ▶ Incorporate Opioid Stewardship best practices in conjunction with mobile health unit and outreach

# Collaboration & Outreach

- ▶ Participate in county Overdose Fatality review and LDAC council
- ▶ Participate on Governor Hogan's task force in Calvert County (Opioid Intervention Team)
- ▶ Participate with community in overdose response training
- ▶ Regional partnerships continue to share best practices



# Opioid & Pain Management Resources

## GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

### IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's *Guideline for Prescribing Opioids for Chronic Pain* is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

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Pathways to Safer Opioid Use

### Pathways to Safer Opioid Use

#### Overview

Pathways to Safer Opioid Use is an interactive training that promotes the appropriate, safe, and effective use of opioids to manage chronic pain. It's based on the opioid-related recommendations in the [National Action Plan for Adverse Drug Event Prevention \(ADE Action Plan\)](#).

In this training, you will learn how to:

- Apply health literacy strategies to help patients understand how to prevent opioid-related adverse drug events (ADEs)
- Identify risk factors, opioid medications, and interactions that increase people's risk for opioid-related ADEs
- Use a multidisciplinary, team-based approach for treating patients with chronic pain
- Combine the principles of the Health Literate Care Model and the biopsychosocial model of chronic pain management through case study examples

Patient-Centered Clinical Decision Support Learning Network

## A Stakeholder-driven Action Plan for Improving Pain Management, Opioid Use, and Opioid Use Disorder Treatment Through Patient-Centered Clinical Decision Support

CMS  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## HOSPITAL STRATEGIES FOR PAIN MANAGEMENT AND REDUCING OPIOID USE DISORDER

Hospitals and health systems are central to the fight against the nation's opioid epidemic. The Centers for Medicare & Medicaid Services (CMS) works closely with Centers for Disease Control and Prevention (CDC) and other federal agencies to develop policies, procedures, and resources that promote appropriate opioid prescribing and person-centered pain management. As required by the SUPPORT for Patients and Communities Act, CMS has assembled resources to help hospitals and health systems develop strategies for pain management and for opioid use disorder prevention and treatment.

Focus Area	List of Resources
------------	-------------------

CDC Implementation Series: Pain Management Manual

### Implementing AMDA's Clinical Practice Guidelines IN THE LONG-TERM CARE SETTING

Pain Management in the Long Term Care Setting  
CLINICAL PRACTICE GUIDELINE  
amda  
Advancing Long-Term Care Medicine

THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE™  
amda

### Pain Management in the Post-Acute and Long-Term Care Setting

GuidelineCentral.com

# Opioid & Pain Management Resources



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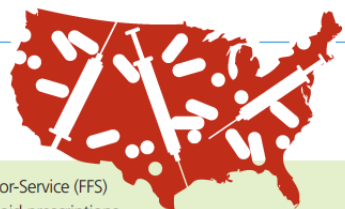
- Healthcentric Advisors
- Qlarant



In-depth perspective of IPRO solutions at work

Case Study

## Opioid Adverse Drug Event Counseling



### A Community Pharmacy Intervention to Prevent Opioid-related Adverse Events

In NY, DC, and SC, 450,330 Medicare Fee-for-Service (FFS) beneficiaries were dispensed 2,286,892 opioid prescriptions during calendar year 2016 and more than 25% of these beneficiaries received doses which placed them at risk for opioid adverse events.<sup>1</sup>

#### The Challenge

Medicare FFS beneficiaries residing in NY, DC, and SC are at risk for opioid adverse drug events (ADEs) due to high dose prescriptions, low rates of naloxone dispensing, and concurrent opioid and benzodiazepine use. Pharmacists are experts in drug therapy, medication counseling and counseling regarding medications that require Risk Evaluation and Mitigation Strategies (REMS) which include some opioid formulations. Standardization of tasks through checklists improves quality-of-care delivery; however, there are no existing standardized checklists for pharmacist-patient opioid counseling.

#### The Approach

The IPRO-led Drug Safety team is implementing standardized pharmacist-patient counseling and direct patient-prescriber level interventions in selected pharmacies across New York, the District of Columbia and South Carolina to decrease the risk of opioid-related drug events. The two-year project enhances pharmacist counseling using a standardized checklist to address misuse and overdose potential of opioids. The intervention will be integrated within the pharmacist dispensing workflow for patients presenting with opioid prescriptions at participating pharmacies.

#### Results/Clinical Outcomes

Desired outcomes of the project include an increase in the number of naloxone prescriptions dispensed by participating pharmacies and a decrease in the incidence of opioid-related emergency department visits for Medicare beneficiaries. IPRO's proposed interventions to reduce opioid-related adverse events aligns with CMS goals as shown in the table on the next page.



## MEDICATION FOR OPIOID USE DISORDER IN LONG-TERM CARE PROGRAM

### Accepting and Supporting the Care Needs of Individuals on MOUD in LTCFs



In-depth perspective of IPRO solutions at work

Case Study

## Pain Management and Opioid Safety During Care Transitions

continued

### Pain Management Discharge Communication (PMDC) Elements

- Pain diagnosis
- Pain category(ies) or classification
- Temporal characteristics
- Pain severity, recent
- Pain severity, current
- Drug name, dose, strength, formulation, route, and frequency for entire current daily medication regimen
- Opioid doses administered within the last two 24 hour periods
- Identification of opioid lack of knowledge for patients starting on an opiate.
- Presence, frequency, and degree of use of respiratory depressants (benzodiazepines, cough syrup containing alcohol, etc.)
- History of opioid overdose with date(s).
- Contact information provided for the subsequent pain management prescriber/physician.
- Alcohol and/or substance abuse and/or dependence history
- Behavioral health/mental health history and status
- Respiratory status
- Date of last bowel movement
- Bowel regimen ordered
- Presence of potential barriers to safe medication use (e.g. cognitive impairment, mental health disorders, dementia, visual impairment, etc.)
- Falls assessment and history
- Assessment of patient ability to self-administer current pain regimen
- Patient/caregiver/ family member capacity for identifying signs/symptoms of overdose
- Caregiver/family member capacity for administering a reversal agent for overdose if reversal agent is available
- Instruction to follow safe usage, storage and disposal procedures for the prescribed medication for patients being discharged to home
- Documentation of provision of educational materials to patient/caregiver
- Documentation of assessment of patient/caregiver understanding of education provided

IPRO brings policy ideas to life

IPRO helps clients realize better health through its organizational competencies. We

- Support state and federal government agency problem solving
- Foster consensus among varied stakeholders for quality improvement action
- Evaluate and select most appropriate methodologies to investigate clinical quality problems
- Facilitate collaborative provider education and action
- Harness information technology to drive quality improvement
- Build and apply quality measures
- Collect and analyze data on large scale

# Discussion

**We welcome your questions and comments!**



# Upcoming Events



- Healthcentric Advisors
- Qlarant

***February 23, 2021, 11AM-12PM EDT***

**Webinar: Culturally Competent Approaches to Opioid Use Disorder Treatment [Register](#)**

- **Edwin Chapman, Sr., M.D., DABIM, FASAM**  
Private Practice in Internal Medicine & Addiction Medicine  
Washington, D.C.
- **Ricardo Cruz, M.D., M.P.H.**  
Boston University School of Medicine/Boston Medical Center  
Project RECOVER

***September 22, 2021, 12-1pm EDT***

**Save the Date** for our next Opioid & Pain Management Best Practice-Strategies for Success Webinar

# Opioid & Behavioral Health Team Leads



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**Have a question? Contact us!**

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# Join us for more Opioid Use & Pain Management Best Practices

## How? Contact:

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