Clinical Safety & Effectiveness
Cohort # 11

Safety in Opiate Prescribing

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Financial Disclosure

Jane E. O’Rorke, M.D, has no relevant financial relationships with commercial interests to disclose.

The Team

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- Sponsor Department
  - Division of General Medicine, Department of Medicine

What We Are Trying to Accomplish?

OUR AIM STATEMENT

We will improve the use and documentation of the Opiate Risk Tool, use of urine drug testing, use of an electronic opiate agreement and entry of the clinical care code, “Contract on File” on our patients using chronic opiates to manage their chronic pain in the General Medicine Clinic from 0-80%.

Project Milestones

- Team Created — March 2012
- AIM statement created — March 2012
- Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses — April 2012
- Interventions Implemented — Aug 27-28
- Data Analysis — Date - Date
- CS&E Presentation — September 2012

Background

- Since 2003, more overdose deaths have involved opioid analgesics than heroin and cocaine combined
- In 2010, ***1 in 20 people*** in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year.
- Enough prescription painkillers were prescribed in 2010 to medicate ***every American adult*** around-the-clock for a month.
- For every 1 death from overdose 35 visit the ED

Centers for Disease Control and Prevention

Background

- Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers.
- The mean annual direct health care costs for patients who abuse opiates are 8.7 times higher than non-abusers.
- Annual cost for medical, economic, social, and criminal effects of this abuse is nearly half a trillion dollars.

Pain Med 2009; 10:S89-S100

Current Practice in General Medicine Clinic

- No screening for abuse potential
- Haphazard urine drug testing
- Opiate agreement on paper
- Lack of system wide identifier

What Changes Can We Make That Will Result in an Improvement?

- Perform and document the Opiate Risk Tool
- Determine monitoring frequency
- Perform urine drug testing at appropriate frequency
- Complete opiate agreement in EMR and give patient copy
- Use EMR narcotic flow sheet to track refills
- Enter clinical care code, “Contract on File” on banner of patient’s EMR record

Background Data

Patients with opiate risk documented	0
Patients with UDT Scheduled	0
Patients with Electronic Agreement	0
Patients with Opiate Flow Sheet	0
Patients with Banner Heading	0

Intervention

Plan

- Create list of patients on chronic opiates in GMC
- Load narcotic agreement into iMed
- Configure medicine clinic notes to include narcotic flow sheets
- Prepare MA's to administer ORT and collect UDT
- Schedule patients every 15 min over 2 days with NP

Implementing the Change

Do

- September 27 and 28 patients scheduled every 15 minutes all morning and afternoon with NP
- Followed flow sheet outlined on next slide

Results/Impact

Check

38/57 (67 %) of patients were evaluated with

- ORT
- Pain Assessment
- UDT
- Electronic agreement signed
- Banner shows pt has opiate agreement

Results/Impact

- 16% found to be at high risk for abuse by the ORT
- 11% had an illegal substance in their urine
- 18% had urines negative for opiates when they should have been positive

Expansion of Our Implementation

Act

- Assess the remaining 19 patients
- Make appointments for pts with illegal substances
- Redo urine drug screen on those pts negative
- Monitor high risk patients closely
- Develop reminder system to re-eval pts as appropriate
- Pts newly started on chronic opiates will need a pain evaluation visit

Return on Investment

Table 4. Increased Health Care Costs Due to Opioid Abuse[30]

Medical Service	Mean Annual Costs Per Patient ($)	
	Opioid Abuser	Nonopioid Abuser
Total direct health care	15 884	1830
Hospital inpatient	7659	318
Physician outpatient	5398	928
Drug therapy	2034	386
Other health care costs	793	198

30. White AG, Birnbaum HG, Mareva MN, et al. Direct costs of opioid abuse in an insured population in the United States. *J Manag Care Pharm*. 2005;11(6):469–479.

Costs due to UDT

- Confirmation is a send out test: approx $250 for the confirmatory portion in 2010
- Point of care testing: approx $220 and avoids a second office visit to review results

ROI for Monitoring

- 7 patients receiving monthly prescriptions but negative for opiates in their urine
- 4 patients using illegal substances yet receiving monthly prescriptions

UHS Statistics

- 6 months
  - 18,675 apap/hydrocodone rx presented to UHS pharmacy
  - 22, 360 rx fills for apap/hydrocodone dispensed from UHS pharmacies (includes new and refills)
  - 1,528,297 tablets dispensed
  - $79,191.32 for just the medicine (doesn't include pharmacy overhead costs)

Conclusion/What's Next

- Prescription opiate abuse is epidemic and costly
- It takes a team to manage this population
- System wide protocol would improve monitoring and prevent patients from drifting to clinical settings of least resistance
- Monitoring would decrease costs
- Point of care testing or in-house testing may produce significant cost savings

Conclusion/What's Next

- Improve role of EMR
  - Identifying patients
  - Reminders for urine drug testing
  - One lab order instead of 2
  - Alert to review contract with patient
- Develop Chronic Pain Management Clinic for patients on opiates (similar to anti-coagulation clinic)

Thank you!

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