



Opioid Stewardship Efforts at Prisma Health

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Disclosure

Walker:

- Sprint PNS- research grant no financial interest

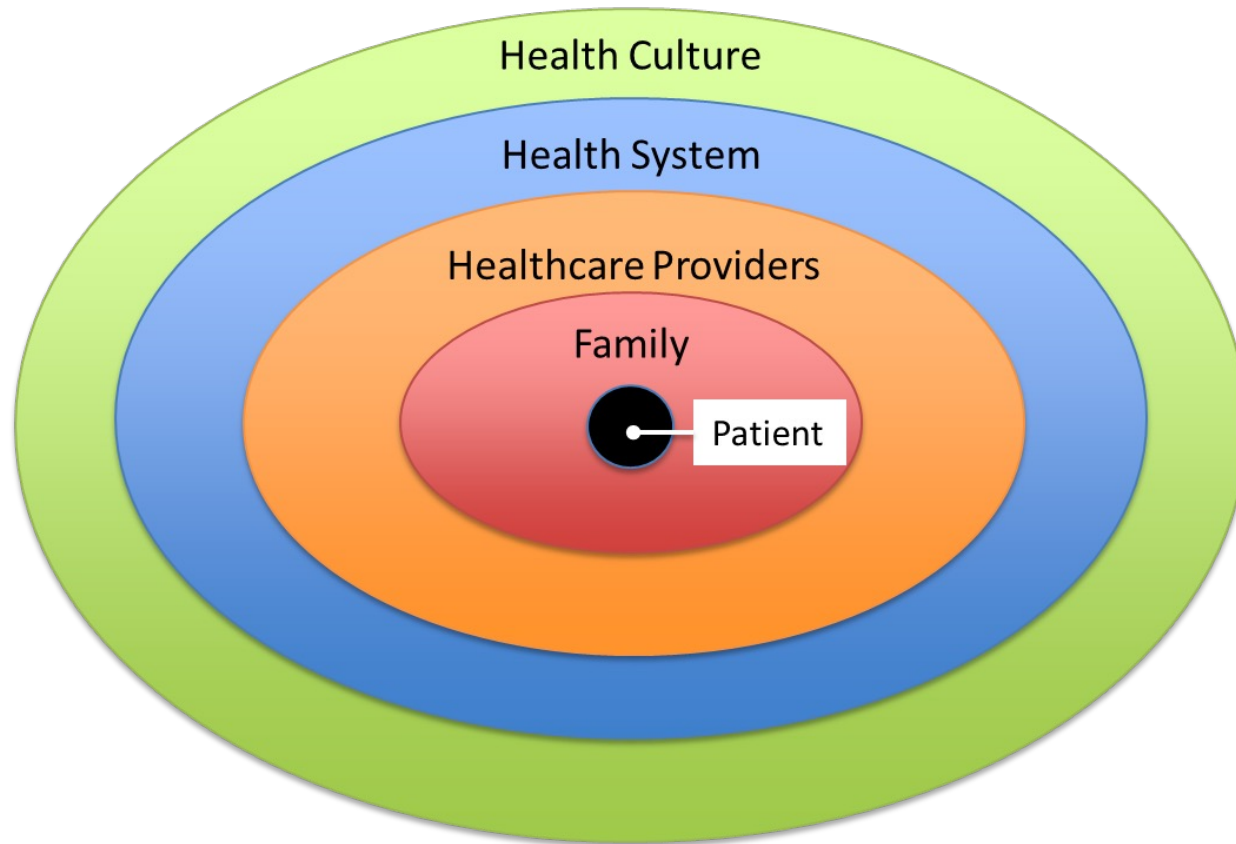
Furmanek:

- None

Objectives

- How we started
- Discuss Prisma Health strategies to combat the opioid epidemic and support opioid stewardship
- Review Prisma Health services provided and their impact on opioid stewardship and addiction
- Share the successes of the Prisma Health Opioid Stewardship Program

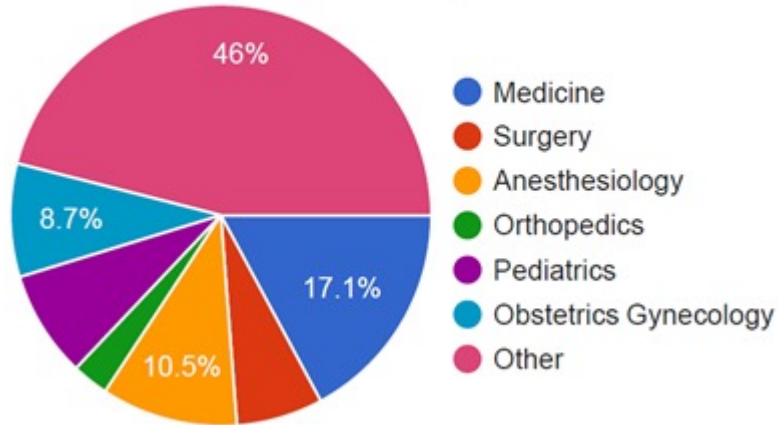
How do We Improve Opioid Safety ?



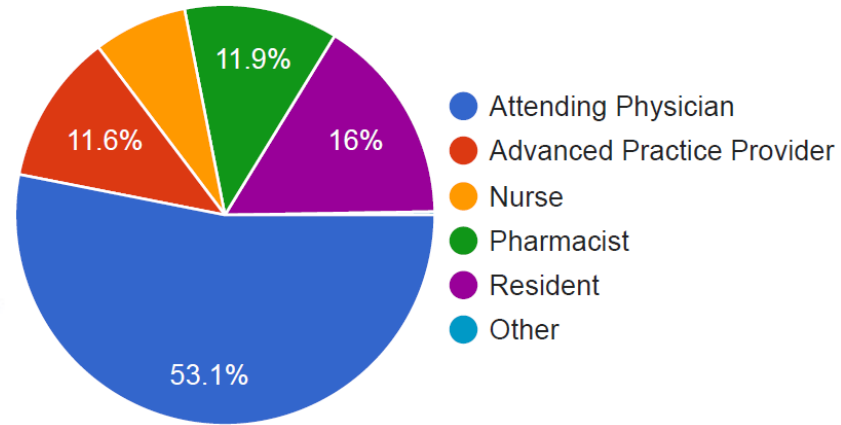
- **Redefine patient pain expectations**
- Engage patient and families about the harms of opioid therapy
- Increase prescriber awareness
- Implement a data-driven process for improving safe prescribing
- Work with rehabilitation programs and community outreach programs
- Change the health culture of safe and appropriate prescribing

Practitioner Pulse Check on Opioids

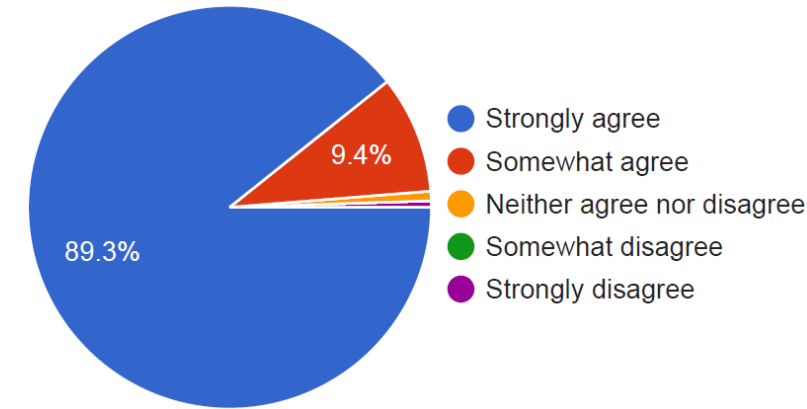
What is your specialty?



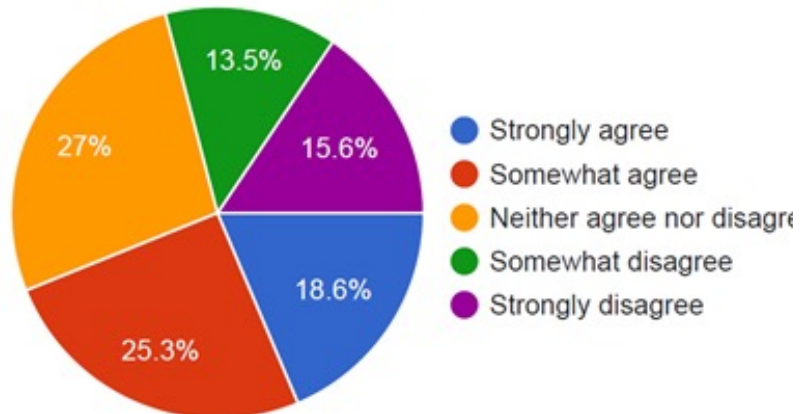
What is your job title?



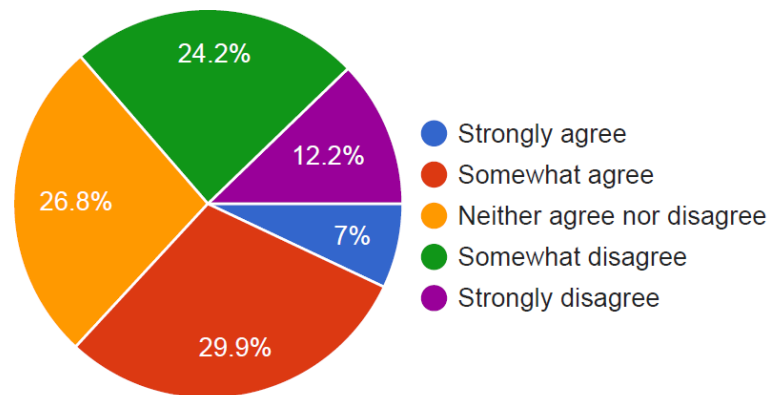
There is a national opioid epidemic.



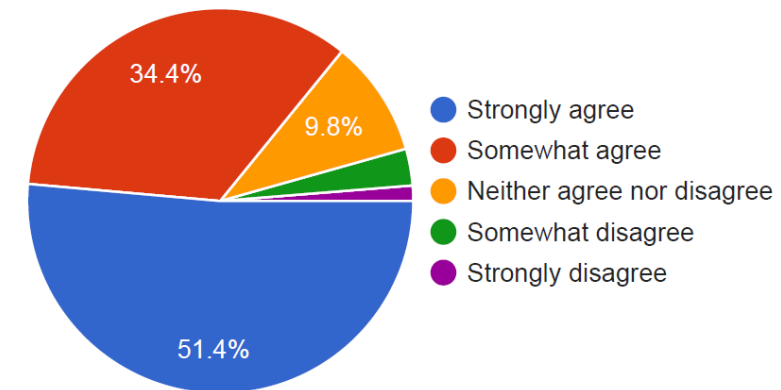
I feel pressured to prescribe opioids.



Most patients would be receptive to using non-opioids.



Patients have unrealistic expectations about pain control.



Opioid Stewardship - Council Structure

Core Opioid Stewardship Committee:

- Vito Cancellaro, MD, FASA
 - Chair, Department of Anesthesia
- Doug Furmanek, PharmD BCCCP
 - Director, Clinical Pharmacy Services
- Kevin Walker, MD, FASA
 - Director, Division of Pain Medicine
- Alain Litwin, MD, MPH, FASAM
 - Vice Chair of Academics and Research, Department of Medicine
- Andrew Albano Jr., DO, MBA, FAAFP
 - Vice Chair, Quality & Medical Affairs, Department of Family Medicine
- Blake Windsor, MD, FAAP, FAHS, DABMA
 - Chief, Division of Pediatric Pain Medicine
- Dawn Blackhurst, DrPH
 - Manager, Clinical Data Analysis
- Rebecca Huggins, PharmD
 - Medication Safety and Regulatory Compliance

Opioid Council Membership:

Alain Litwin (Co-Chair)	Christopher Goodman	Beth Selbee
Kevin Walker (Co-Chair)	Morgan Rhodes	Courtney Dodson
Doug Furmanek (Co-Chair)	Curtis Brown	Joy Justice
Carter Little (Organizer)	Paul Bornemann	Karan Ballard
Vito Cancellaro	Rachel Andes	Lori Edwards
Blake Windsor	Rebecca Huggins	Troy Privette
Drew Albano	Lior Rennert	Anne Spence
Dawn Blackhurst	Abigail Bouknight	

Task Force Coordinating Committee:

Alain Litwin, Kevin Walker, Doug Furmanek, Carter Little

Prescribing Task Force

Chronic Pain Task Force

Addiction Task Force

DATA SUPPORT, EDUCATION, COMMUNITY, ACADEMICS

Executive Cabinet

Service Lines

Quality, Safety,
and Reliability

Accountable
Communities &
InVio

Addiction
Medicine Center

PRIVILEGED AND CONFIDENTIAL

protected pursuant to S.C. Code Ann. §§44-7-390 et seq. and 40-71-10 et seq.

PRISMA HEALTH

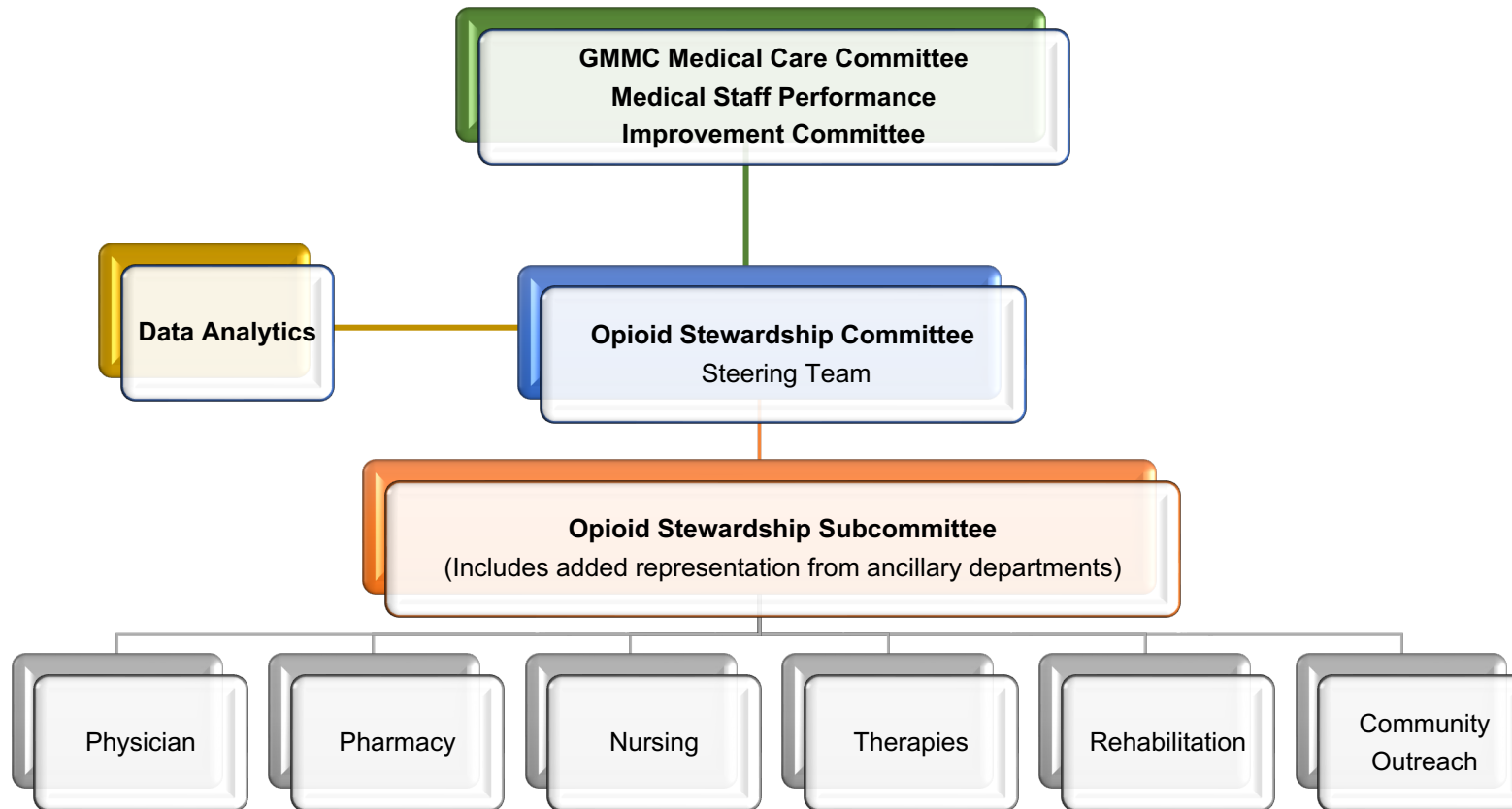
Vision Statement

"We envision a community where everyone has access to high-value care for pain and addiction. We will eliminate all opioid-related overdoses in the communities we serve."

Mission Statement

"To develop holistic patient-centered strategies that mitigate pain, optimize recovery, prevent addiction, increase access to addiction treatment, and promote well-being for the communities we serve."

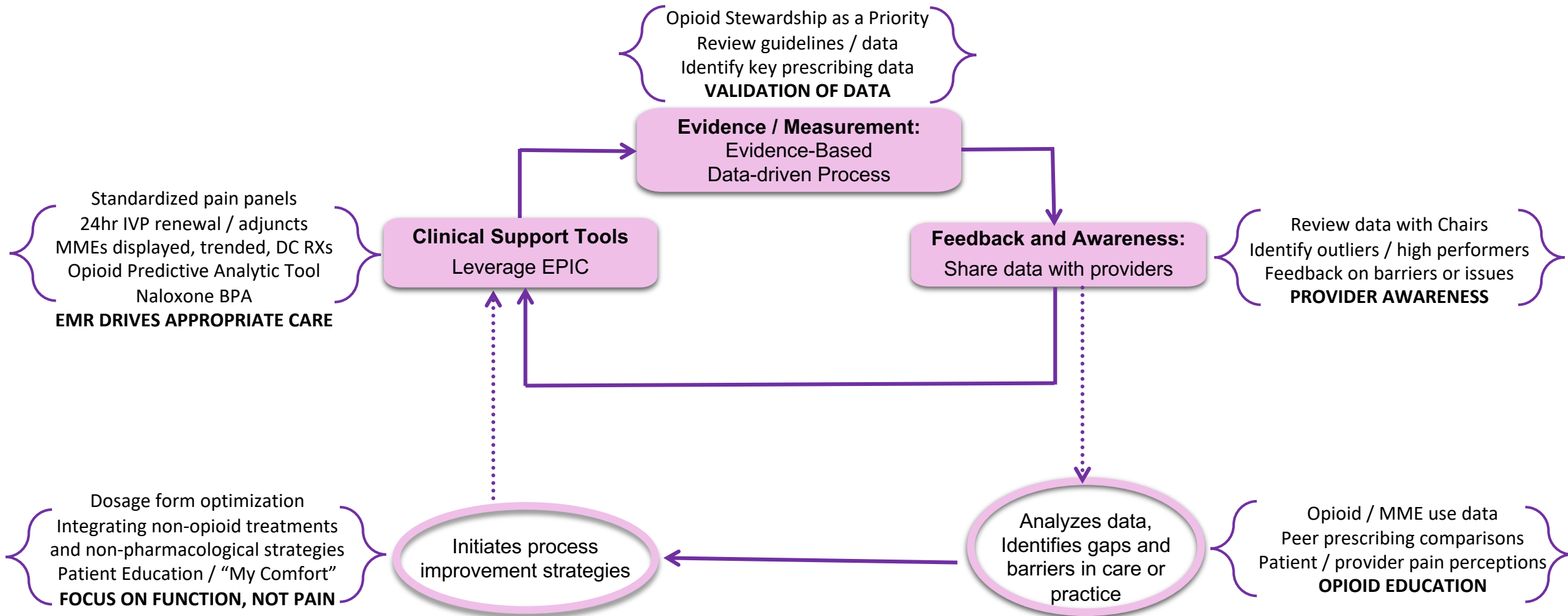
Prisma Health Upstate Organizational Structure



Workgroup Streams – Charged with Rolling out Initiatives

Opioid Stewardship

Philosophy for Process Improvement

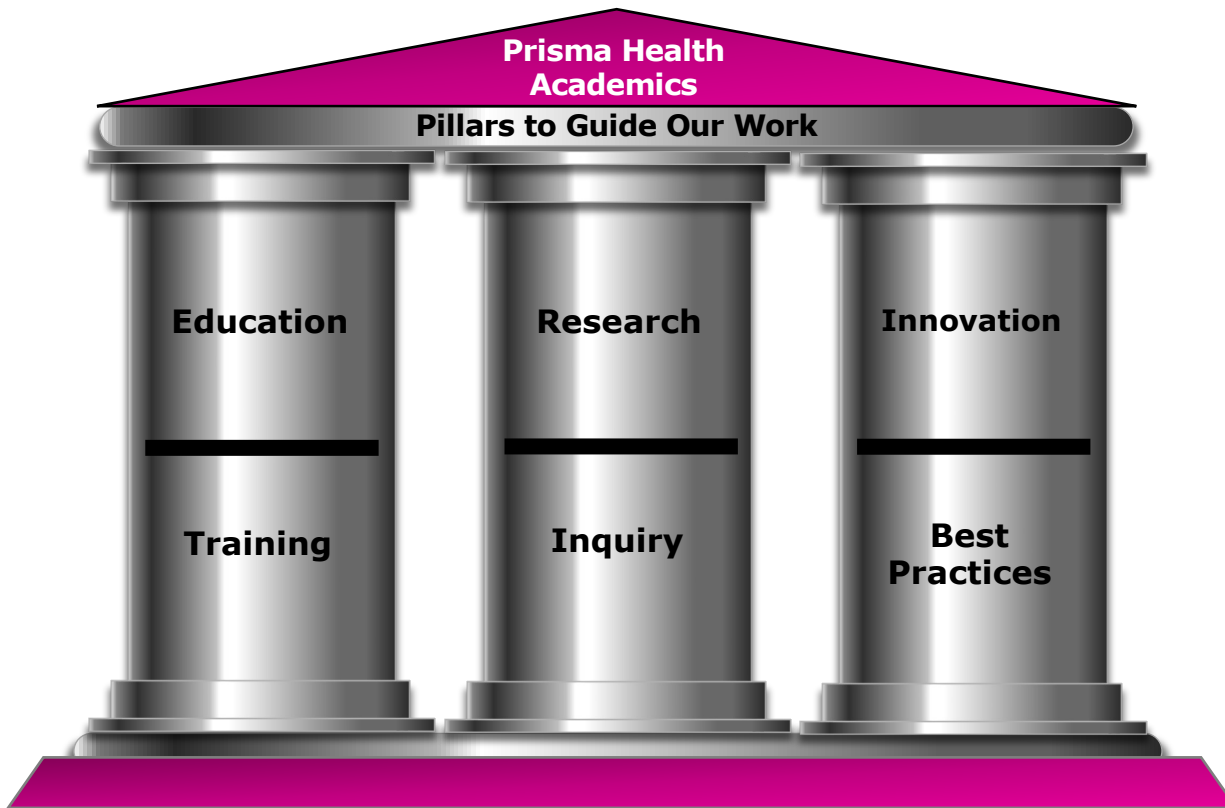


Formal Patient Education

- **Set realistic pain expectations for patients**
- **Focus on function, not pain score**
 - Can you get out of bed? Move to the toilet? Walk to the mailbox?
 - Is the pain manageable?
- Communication Boards: “My Comfort”
- Alternative therapies
 - Non-pharmacological therapies
- Explain risks and benefits of opioids
 - Common side effects should NOT be ignored as risks!

Prisma Health

Academics Driving Transformative Care and Quality



- Grants: > \$25 million
 - NIH, CDC, AHRQ, SAMHSA, DHEC, DAODAS
- Manuscripts: >50 articles in top journals
 - Lancet Gastroenterology & Hepatology
 - Annals of Internal Medicine
 - Critical Care Medicine
 - American Journal of Medicine
 - Clinical Infectious Disease
 - Journal of Patient Safety
 - Journal of Rural Health
- Presentations: local, regional, national & international: **> 230 presentations**
- Academic detailing: **> 8,300 practitioners**

Local, State, and Federal Involvement



Leveraging the EMR

▼ Analgesics - PRN Mild Pain

- ☐ acetaminophen 650 mg PO every 6 hours PRN mild pain (1-3 / BPS 1-4)
- ☐ acetaminophen 1000 mg PO every 6 hours PRN mild pain (1-3 / BPS 1-4)
- ☐ ibuprofen 600 mg PO every 6 hours PRN mild pain (1-3 / BPS 1-4)
- ☐ naproxen sodium 550 mg PO every 12 hours PRN mild pain (1-3 / BPS 1-4)
- ☐ ketorolac 15 mg IV every 8 hours PRN mild pain (1-3 / BPS 1-4)

▼ Analgesics- PRN Moderate Pain

- ☐ traMADol 100 mg PO every 6 hours PRN moderate pain (4-6 / BPS 5-8)
- ☐ HYDROcodone-acetaminophen 5-325 mg (NORCO) 1 tablet PO every 4 hours PRN moderate pain (4-6 / BPS 5-8)
- ☐ oxyCODONE 5 mg PO every 4 hours PRN moderate pain (4-6 / BPS 5-8)
- ☐ HYDROmorphine 2 mg PO every 4 hours PRN moderate pain (4-6 / BPS 5-8)

▼ Analgesics - PRN Severe Pain

- ☐ morphine 2 mg IV every 2 hours PRN severe pain (7-10 / BPS 9-12)
- ☐ HYDROmorphine 0.5 mg IV every 2 hours PRN severe pain (7-10 / BPS 9-12)

⚠ You cannot sign these orders because information is missing or requires your attention:

the order you have entered has a duplicate PRN reason of breakthrough pain. Please update your orders before proceeding.

- New Order: HYDROmorphine (PF) (DILAUDID) injection 0.2 mg
- Active Order: HYDROmorphine (PF) (DILAUDID) injection 1 mg

You selected:

HYDROmorphine (PF) (DILAUDID) injection: Intravenous, starting today at 0709, For 1 day

Details

Opioid Stewardship Recommendation

GHS is committed to instituting processes that ensure the safe and appropriate prescribing of IV opioid medications. Therefore, IV opioids will continue to be restricted for use in Severe Pain (7-10 / BPS 9-12) or Breakthrough Pain only.

Clinicians are encouraged to use an oral alternative offered below if possible.

morphine 5 mg IV = HYDROmorphine 0.5 mg IV

Other therapy options for pain not offered below include but are not limited to:

- Scheduled PO alternating acetaminophen and ibuprofen
- Post-op pain Adults ONLY: pregabalin (LYRICA) PO twice daily

Continue with:

- ☐ HYDROmorphine (PF) (DILAUDID) injection: Intravenous, starting today at 0709, For 1 day

Leveraging the EMR

MME Trending

In-Line Ordering

New Orders

oxyCODONE (OxyCONTIN)
12 hr tablet 20 mg
20 mg (0.3 mg/kg), Oral. Every 12 hours scheduled. **Maximum MEDD: 60 mg MEDD for this order.** First Dose today at 2100, For 7 days
Do not cut, crush or chew.

Summary

Overview Index Rx Snapshot Rx Scoring MAR ADT Events Peri- & Intra-Op Orders

Inpatient Morphine Equivalent Daily Dose (mg MEDD) 8/11 - 8/14

Values displayed are in units of mg MEDD

Order	Start / End Date	8/11	Yesterday	Today	Tomorrow
meperidine (DEMEROL) injection 25 mg	8/8 - No end date	0 of 15	0 of 15	0 of 15	0 of 15
tramADol (ULTRAM) tablet 50 mg	8/8 - 9/7	0 of 20	0 of 20	0 of 20	0 of 20
oxyCODONE (ROXICODONE) tablet 5 mg	8/8 - 8/15	0 of 45	15 of 45	0 of 45	0 of 45
oxyCODONE (ROXICODONE) tablet 10 mg	8/8 - 8/15	30 of 90	15 of 90	0 of 90	0 of 90
morphine syringe 2 mg	8/10 - 8/11	0 of 20	**	**	**
Daily Totals		30 of 190	30 of 170	0 of 170	0 of 170

Discharge Awareness

7/22/20 and after ^ 80 mg MEDD

Order Name	Dose	Route	Frequency	Maximum MEDD
hydrocodone-homatropine (HYCODAN) 5-1.5 mg/5 mL (5 mL)	5 mL	Oral	Every 6 hours PRN	20 mg MEDD
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet	Oral	Every 4 hours PRN	30 mg MEDD
hydrocodone-homatropine (HYCODAN) 5-1.5 mg/5 mL (5 mL)	5 mL	Oral	Every 4 hours PRN	30 mg MEDD
Total Potential Daily Morphine Equivalence				80 mg MEDD

Calculation Information v

Leveraging the EMR

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Risk of Opioid Abuse or Overdose
This score indicates a patient's risk of opioid abuse or overdose in the next year. The hover bubble on shows the primary risk factors and diagnoses that contribute to the score.

Sex: **Male**
Current PCP: **Mark Sloan, MD**
ED Visits: **8**
Last Pain Referral Date: **Not on file**
Alcohol Use Status: **Yes**
Drug Use: **Not Currently**
Tobacco Use Status: **Yes**
Prescribed Long-acting Opioid: **Not In Past Year**
Prescribed Short-acting Opioid: **Not In Past Year**
Prescribed Opioid Use Disorder Medication: **Not In Past Year**
Prescribed Benzodiazepine: **In Past Year**
Prescribed Benzodiazepine-like Hypnotic: **Not In Past Year**
Prescribed Muscle Relaxant: **In Past Year**
Prescribed Alternative Medicine: **No**
Prescribed Antidepressant: **No**
Prescribed Antiseizures: **Not on file**
Prescribed Non-Opioid Analgesics: **No**
Prescribed Stimulant: **No**
Had Opioid Drug Abuse: **No**
Has Other Liver Disease: **Yes**
Has Alcohol-related Disorder: **Yes**
Has Substance-related Disorder: **Yes**

Opioid Overdose Risk: This patient is at risk for unintentional opioid overdose due to various risk factors. SC Law requires a naloxone prescription for this patient.

!!
The patient and/or patient's guardian or caretaker has been educated on the potential risk of opioid overdose, safe use and storage of medication, overdose prevention, indication and use of naloxone.

Order	Do Not Order	🏠 Nasal Naloxone (Narcan) 4mg Spray (\$\$) – Preferred
Order	Do Not Order	🏠 Nasal Naloxone (Narcan) 2mg Syringe/Atomizer (\$) – Prisma Health Pharmacies ONLY
Order	Do Not Order	🏠 Naloxone (Narcan) Evzio 2mg IM Auto-Injector (\$\$\$)
Document	Do Not Document	📋 Required Educational Documentation (If Prescribed) Expand

Acknowledge Reason

Patient Declined

Palliative/Hospice

Other Clinical Condition

Moving the Needle in South Carolina

JOINT ADVISORY OPINION ISSUED BY THE SOUTH CAROLINA STATE BOARDS OF MEDICAL EXAMINERS, NURSING AND PHARMACY REGARDING THE USE OF LOW DOSE KETAMINE INFUSIONS FOR THE MANAGEMENT OF PAIN THROUGHOUT THE GREENVILLE HEALTH SYSTEM¹

The State Boards of Medical Examiners, Nursing and Pharmacy hereby approve this request, but emphasize that the approval of low dose Ketamine infusions for the management of pain applies **only** to the Greenville Health System. Any other provider interested in developing a similar program should submit a request for review and input from the Healthcare Collaborative Committee.

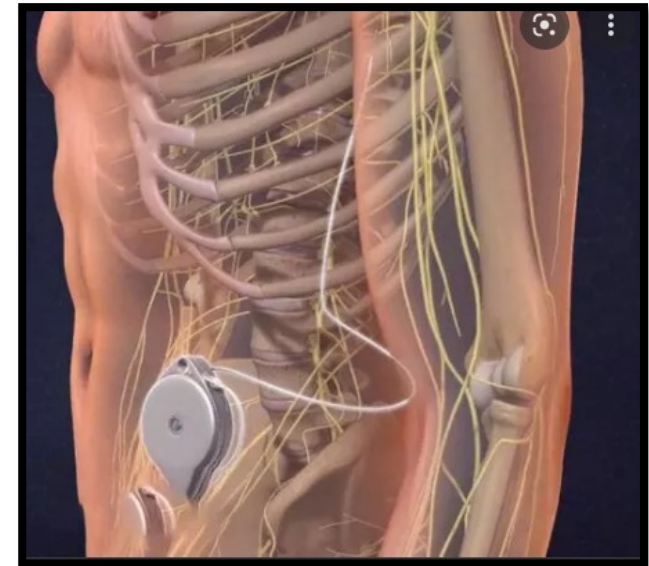
Formulated: April 12, 2019

Revised: December 6, 2019; July 10, 2020¹

The South Carolina State Board of Medical Examiners, the South Carolina State Board of Pharmacy, and the South Carolina State Board of Nursing acknowledge that:

It is within the scope of practice for an RN to administer/monitor low dose Ketamine via continuous infusion and intravenous push (in ED and PACU ONLY) with physician orders for specific cases of acute pain management in patients who with opioid-tolerance, intractable post-operative pain, poorly controlled chronic pain, palliative care, or patients suffering from extreme opioid side effects in an acute care setting.

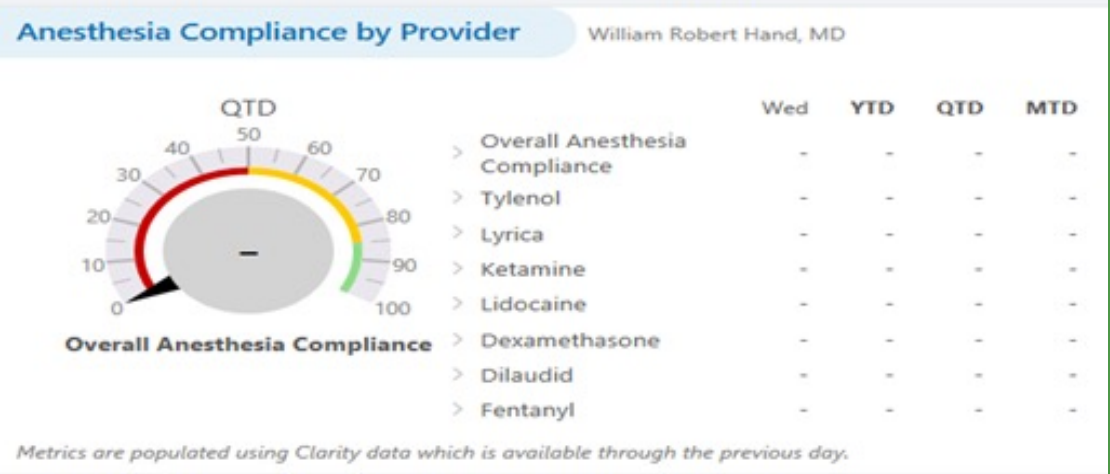
Alternatives to Opioids (ALTO[®]) Acute Pain Protocols



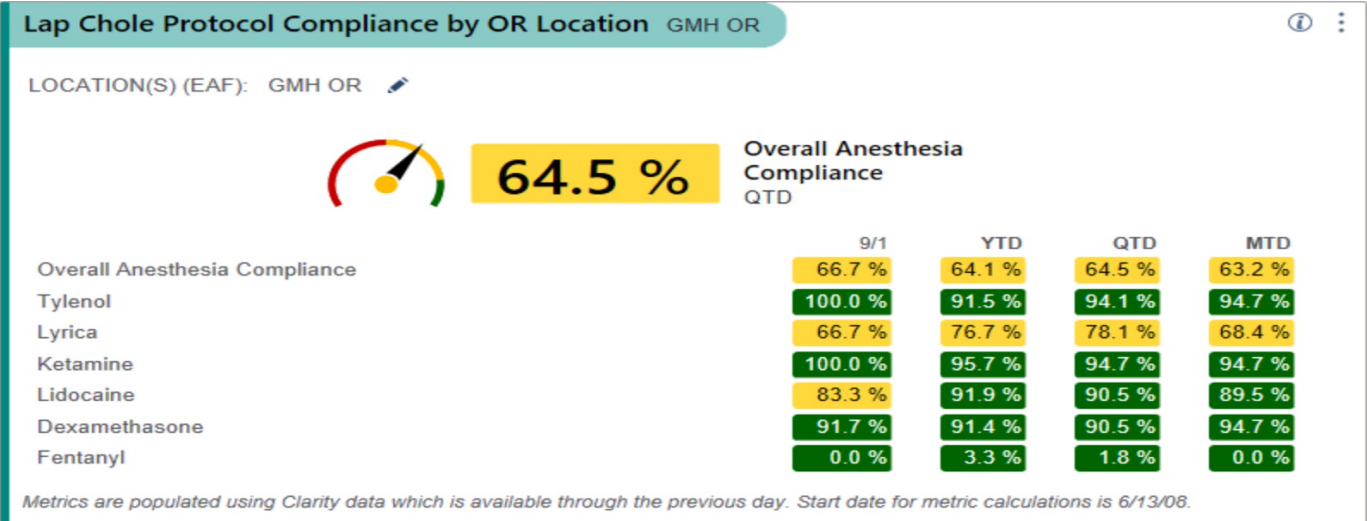
ERAS Compliance = Quality Outcomes



Metrics are populated using Clarity data which is available through the previous day.



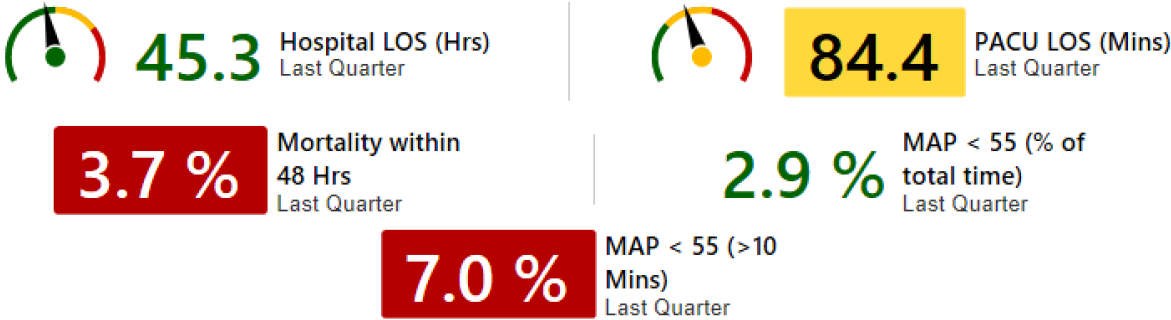
Metrics are populated using Clarity data which is available through the previous day.



Metrics are populated using Clarity data which is available through the previous day. Start date for metric calculations is 6/13/08.

GHS Anesthesia Quality Metrics (Login Provider) William Robert Hand, MD

This component is currently under review and not approved for operational use.



The following procedures are included for hospital LOS, PACU LOS, and MAP below 55: lap chole, colectomy, laminectomy, hysterectomy, thyroidectomy, total knee arthroplasty, ERCP, and cystoscopy.

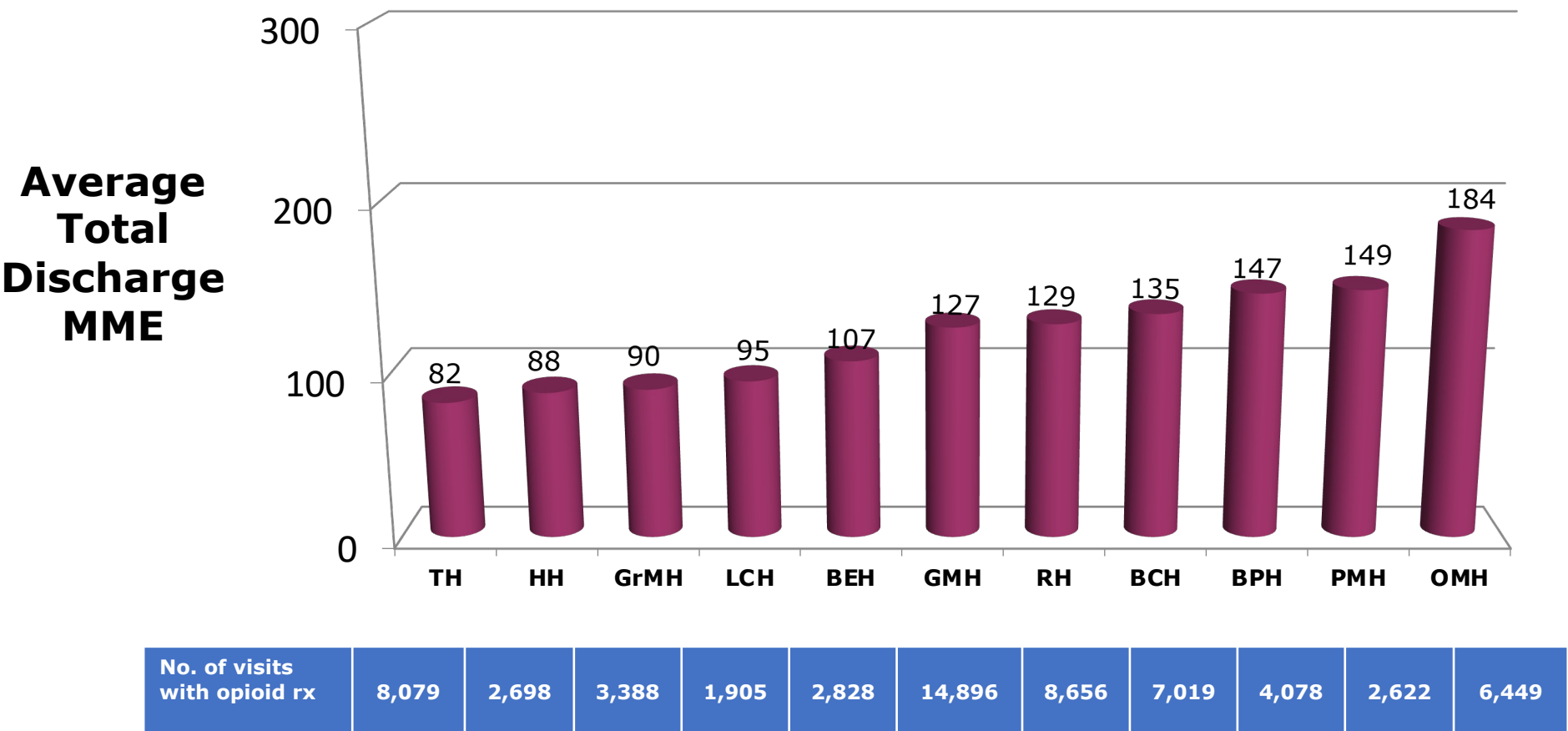
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Opioid Stewardship Key Metrics of Success

Average Opioid Discharge MMEs By Facility

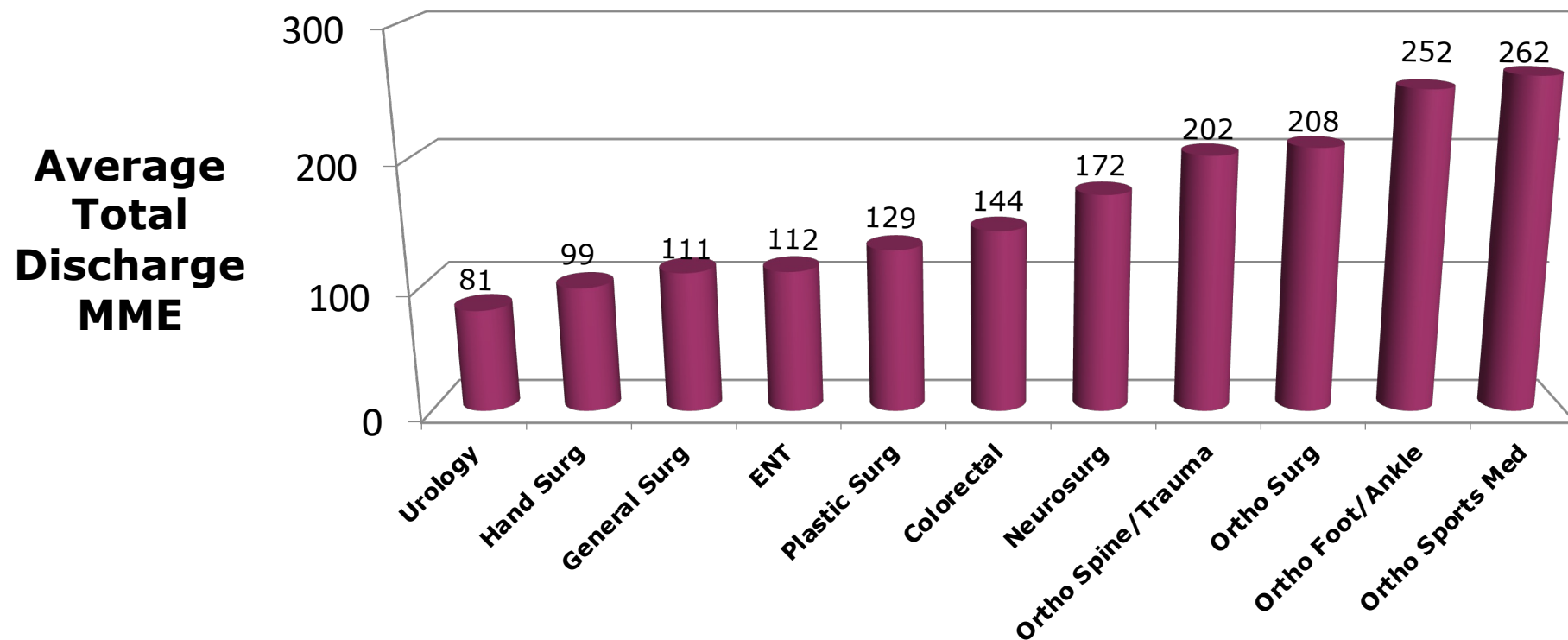
Hospital Encounters (Includes hospitalizations, inpatient and outpatient surgery visits, ED and urgent care visits)



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Average Opioid Discharge MMEs By Surgical Provider Specialty

Hospital Encounters (Includes hospitalizations, inpatient and outpatient surgery visits, ED and urgent care visits)

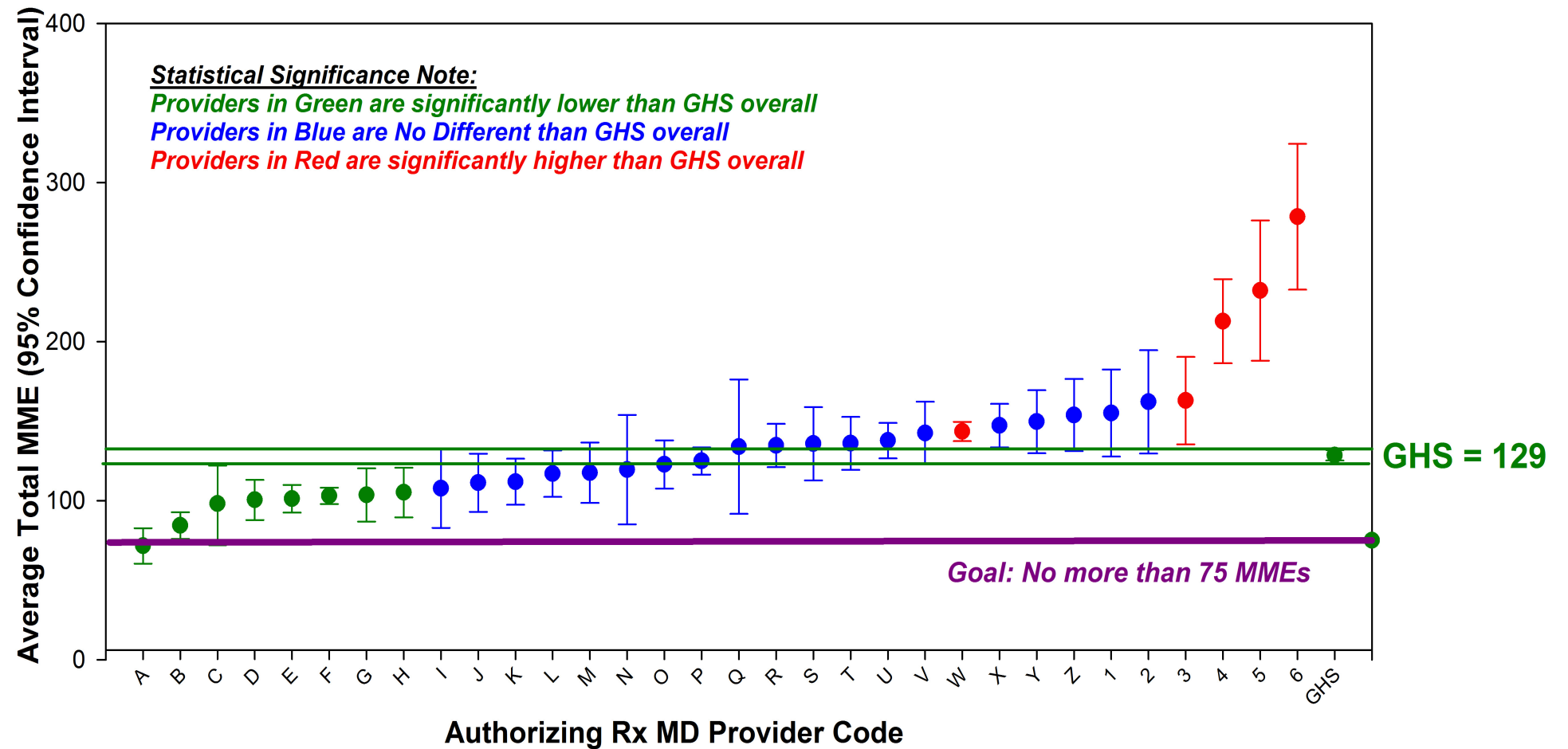


Note: excludes specialties with < 400 Rx

No. of visits with opioid rx	1,541	1,152	11,491	1,330	1,019	710	912	443	6,766	444	781
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Prisma Health-Upstate Vaginal Deliveries:

Average Total Discharge MME by Provider (95% Confidence Interval)



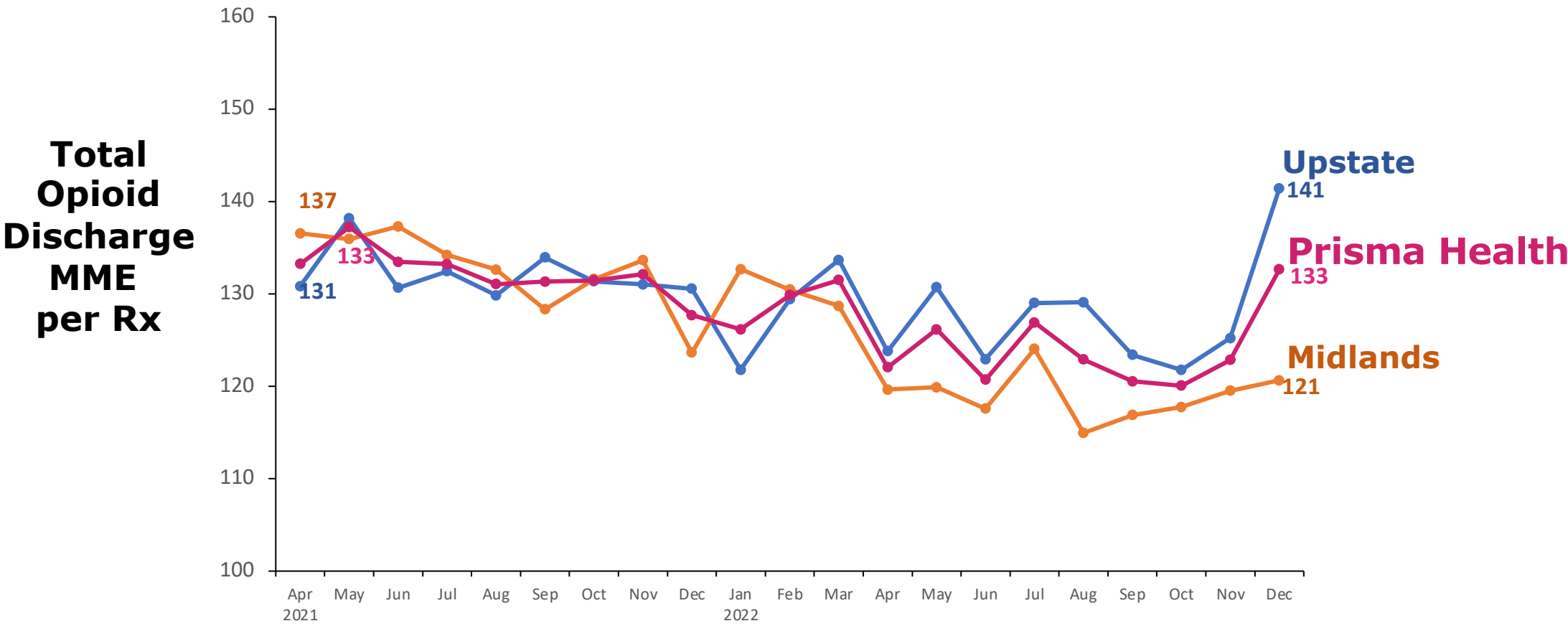
Data Source: Oct '17 – Dec '18

Note: Graph excludes MDs with < 20 Vaginal Delivery encounters with an opioid prescription at discharge

Total Opioid Discharge MME per Rx By Calendar Year Month

Hospital Encounters (Includes hospitalizations, inpatient and outpatient surgery visits, ED and urgent care visits)

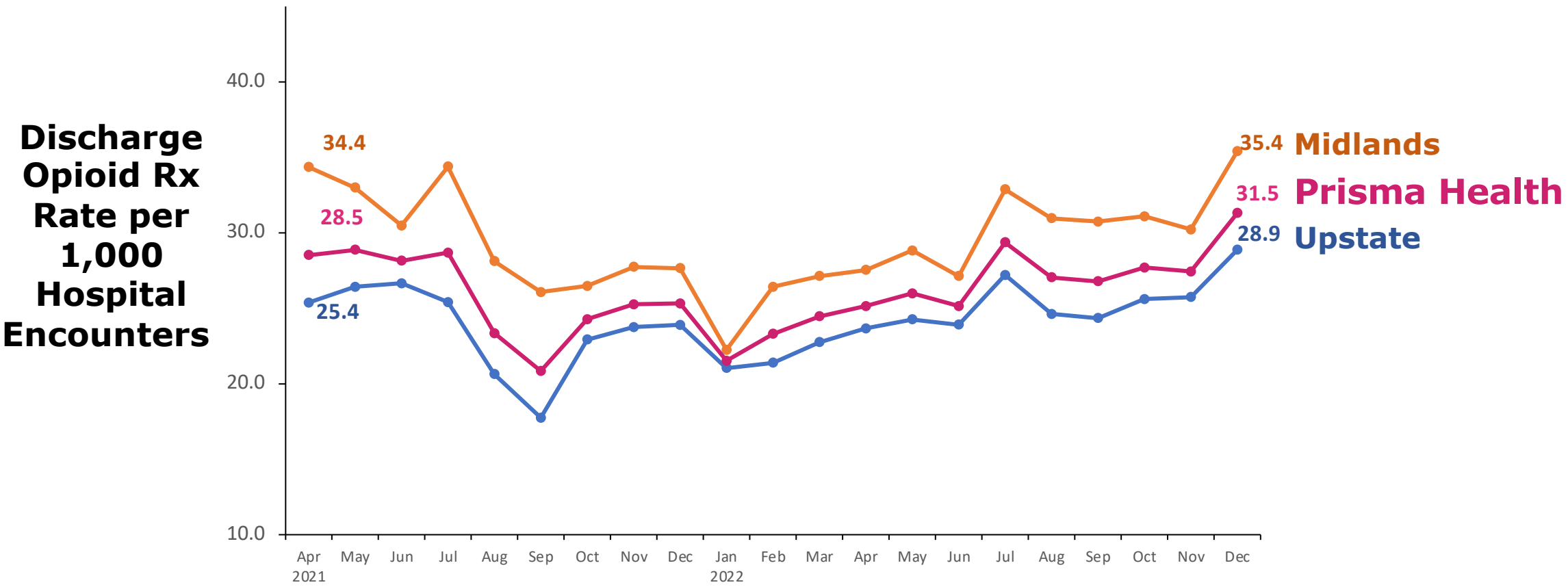
Data Source: Epic Apr 2021 – Dec 2022



Total Opioid Discharge Rx Rates per 1,000 Hospital Encounters

Hospital Encounters (Includes hospitalizations, inpatient and outpatient surgery visits, ED and urgent care visits)

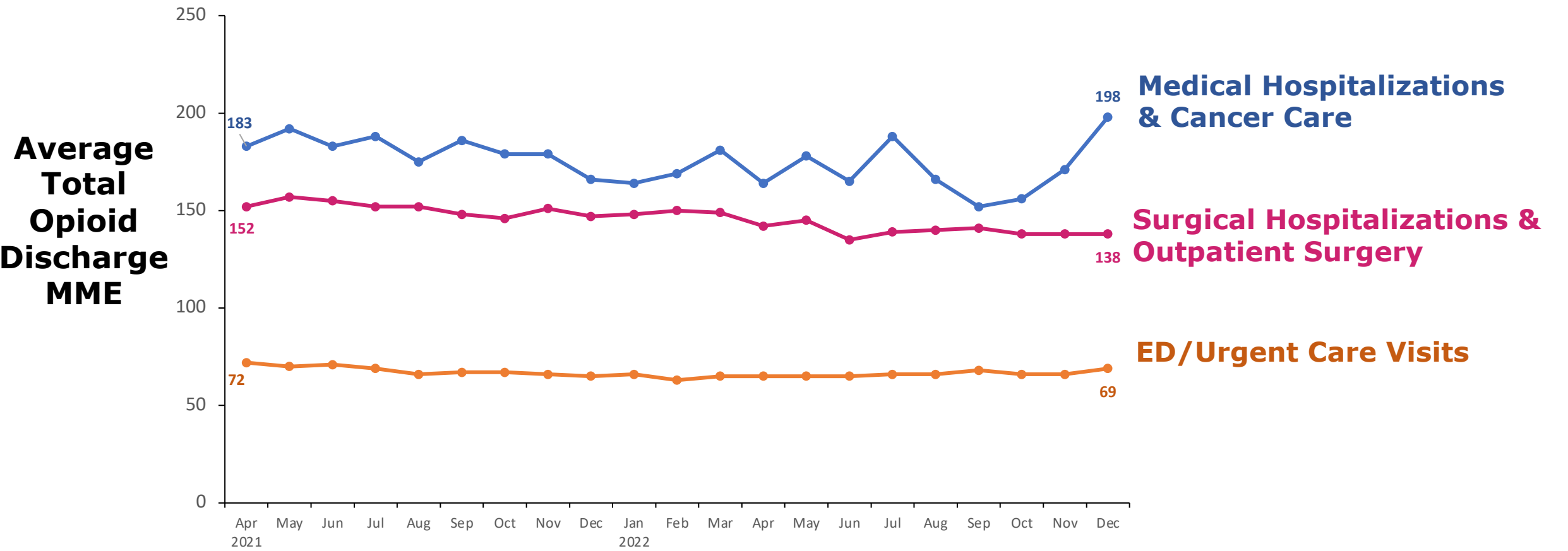
Data Source: Epic Apr 2021 – Dec 2022



Average Opioid Discharge MMEs By Encounter Type

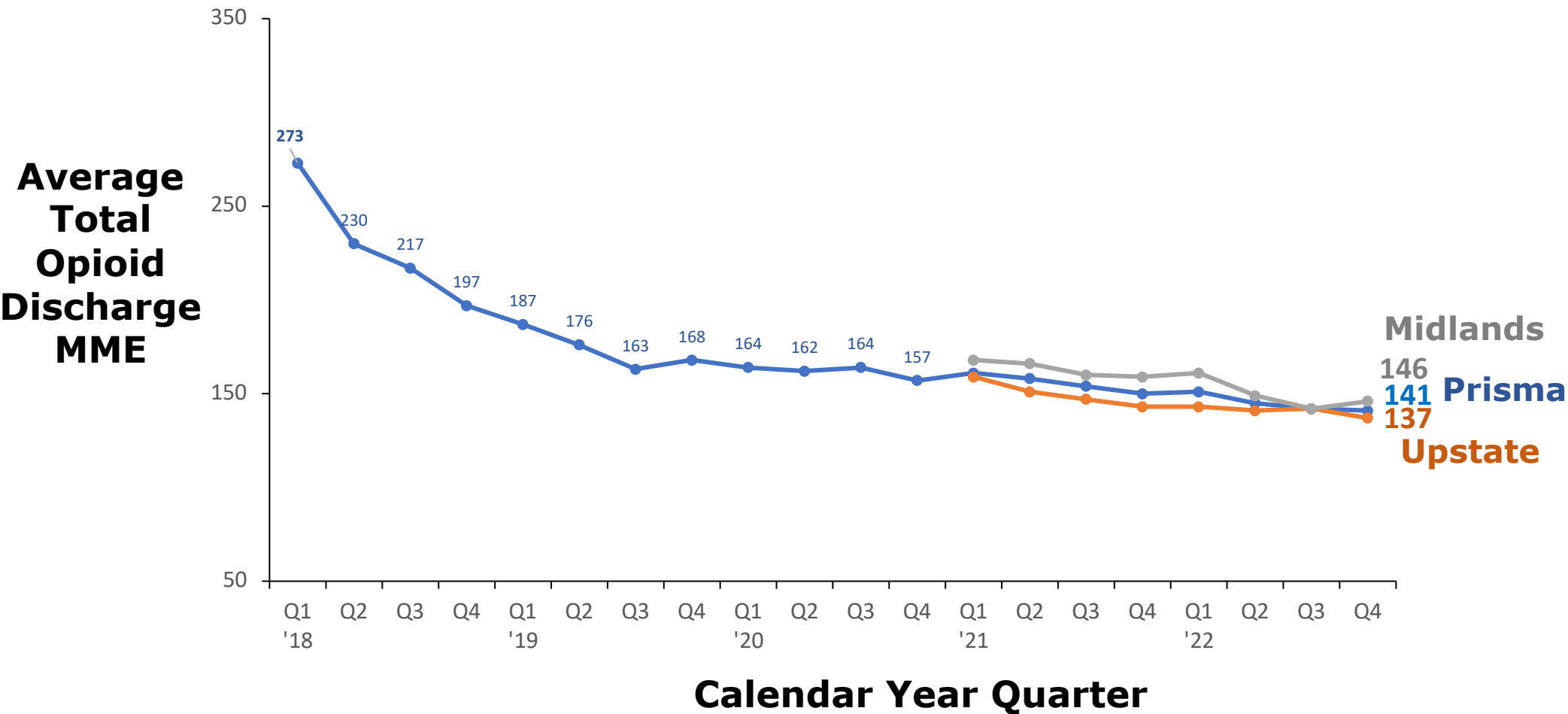
Hospital Encounters (Includes hospitalizations, inpatient and outpatient surgery visits, ED and urgent care visits)

Data Source: Epic Apr 2021 – Dec 2022



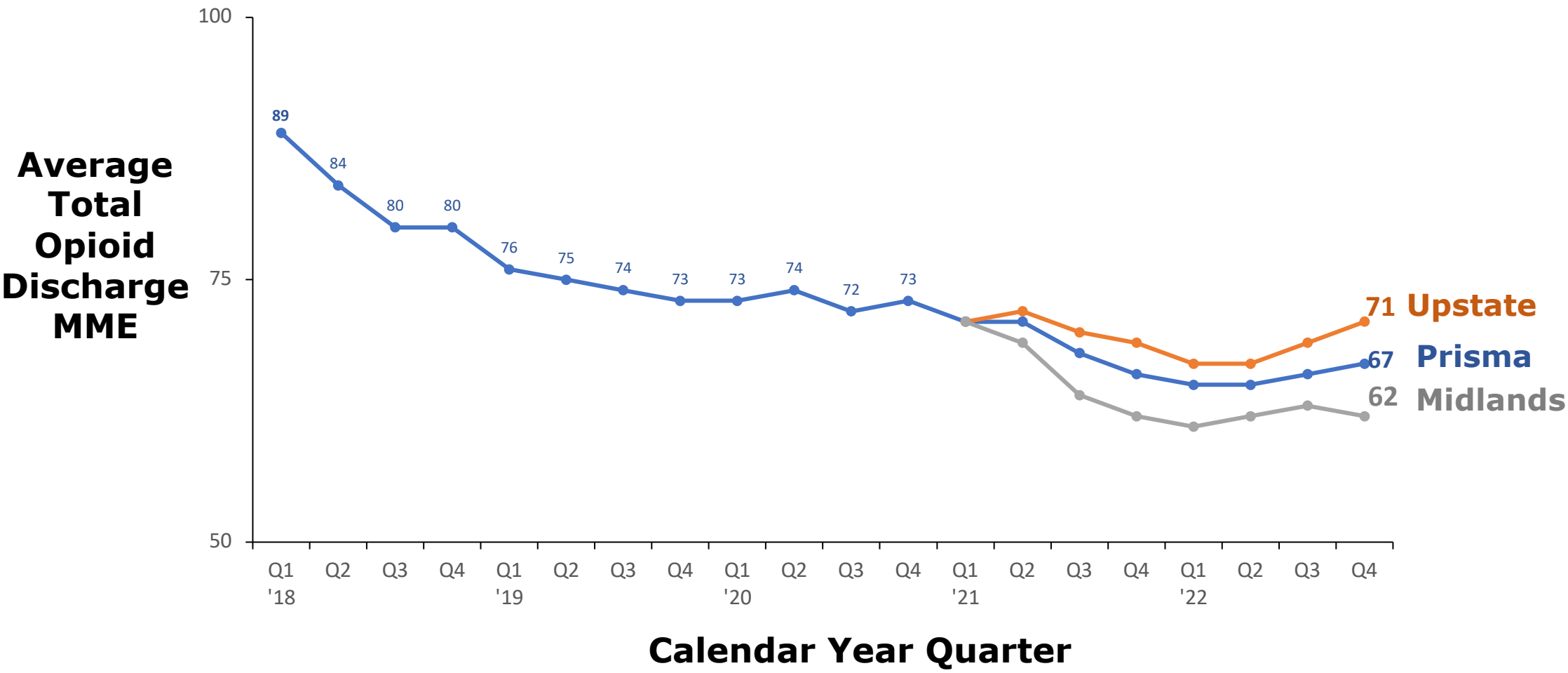
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Average Opioid Discharge MMEs for Inpatient and Outpatient Surgery



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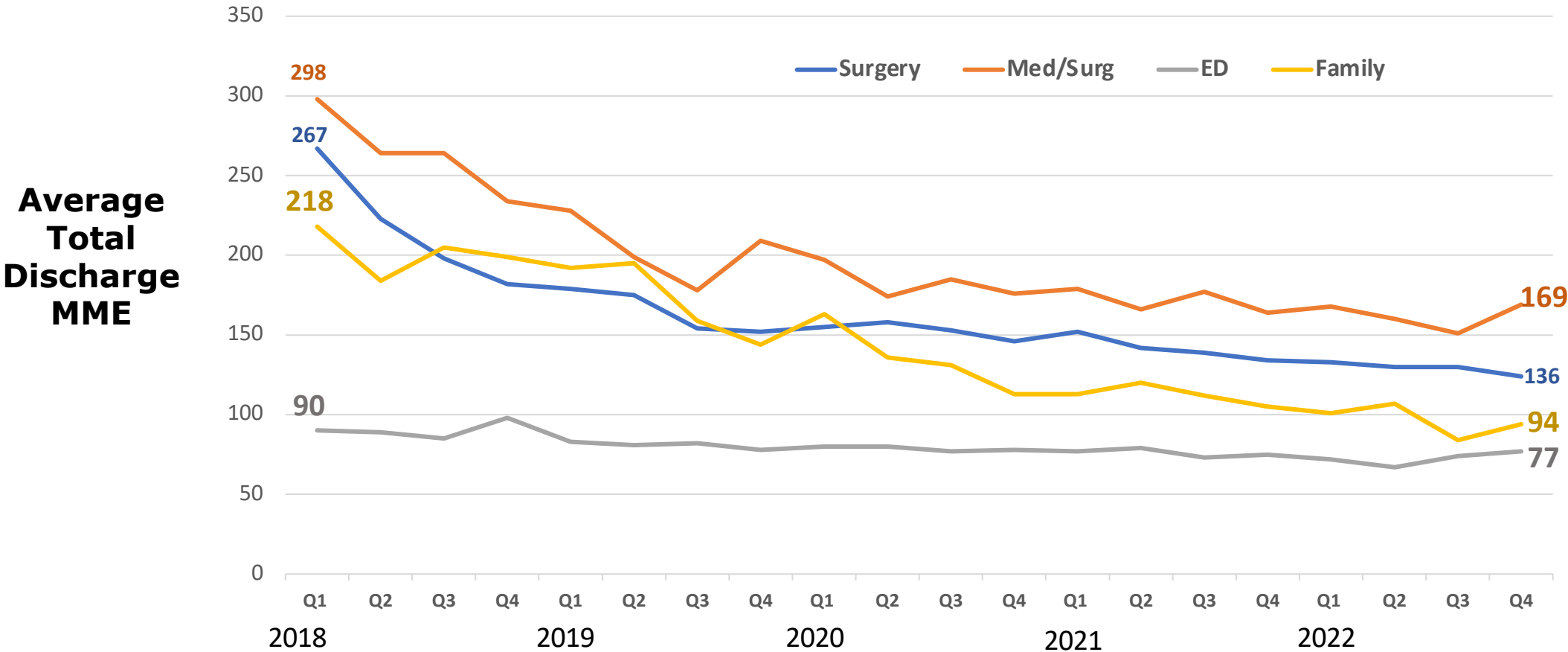
Average Opioid Discharge MMEs for ED and Urgent Care Visits



Prisma Health Greenville Memorial Hospital

Average Total Opioid Discharge MME By Department/Units by Quarter

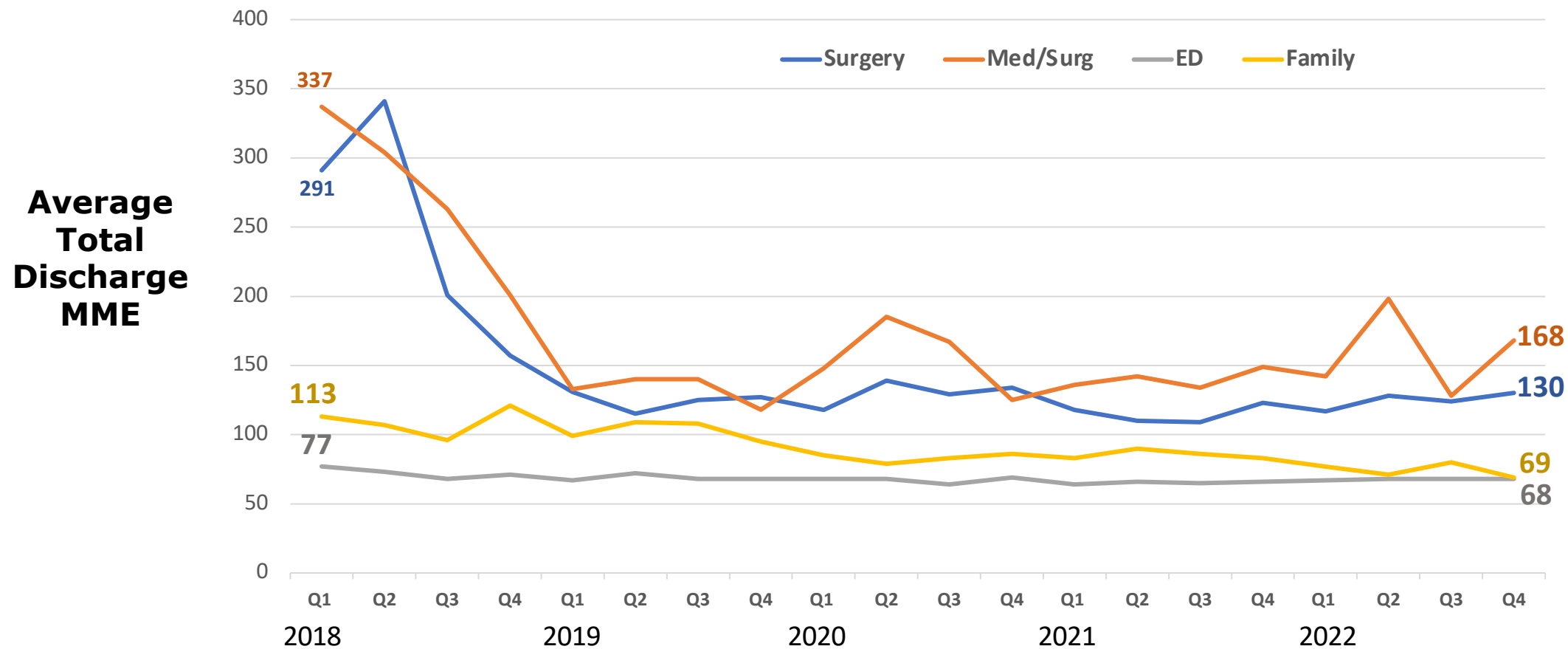
Hospital Encounters (hospitalizations, inpatient and outpatient surgery visits, and ED visits)



Prisma Health Laurens County Hospital

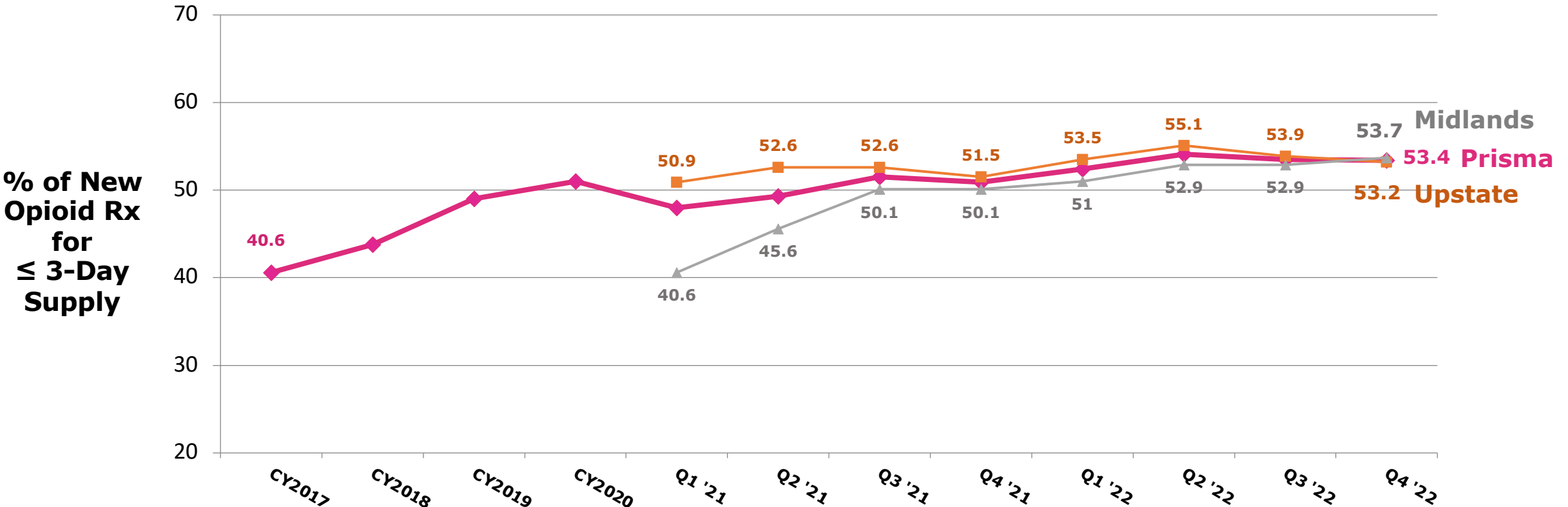
Average Total Opioid Discharge MME By Department/Units by Quarter

Hospital Encounters (hospitalizations, inpatient and outpatient surgery visits, and ED visits)



Prisma Health: All Patient Visits

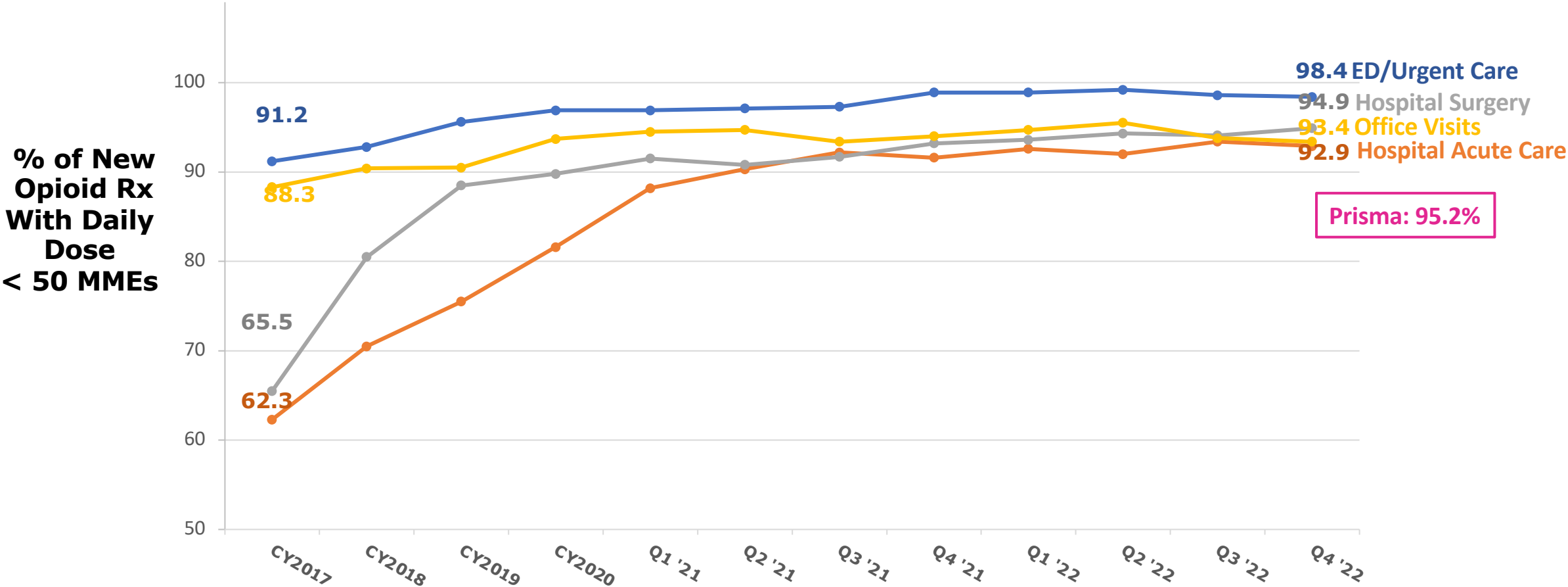
Metric #5: Pts ≥18 yr. with a new opioid Rx for Acute Pain with ≤ 3-Day Supply



Denominator: No. of Visits w/ a New Opioid Rx for Acute Pain	31,929	26,571	27,181	24,797	8,313	13,152	11,864	12,167	11,602	12,326	12,308	13,216
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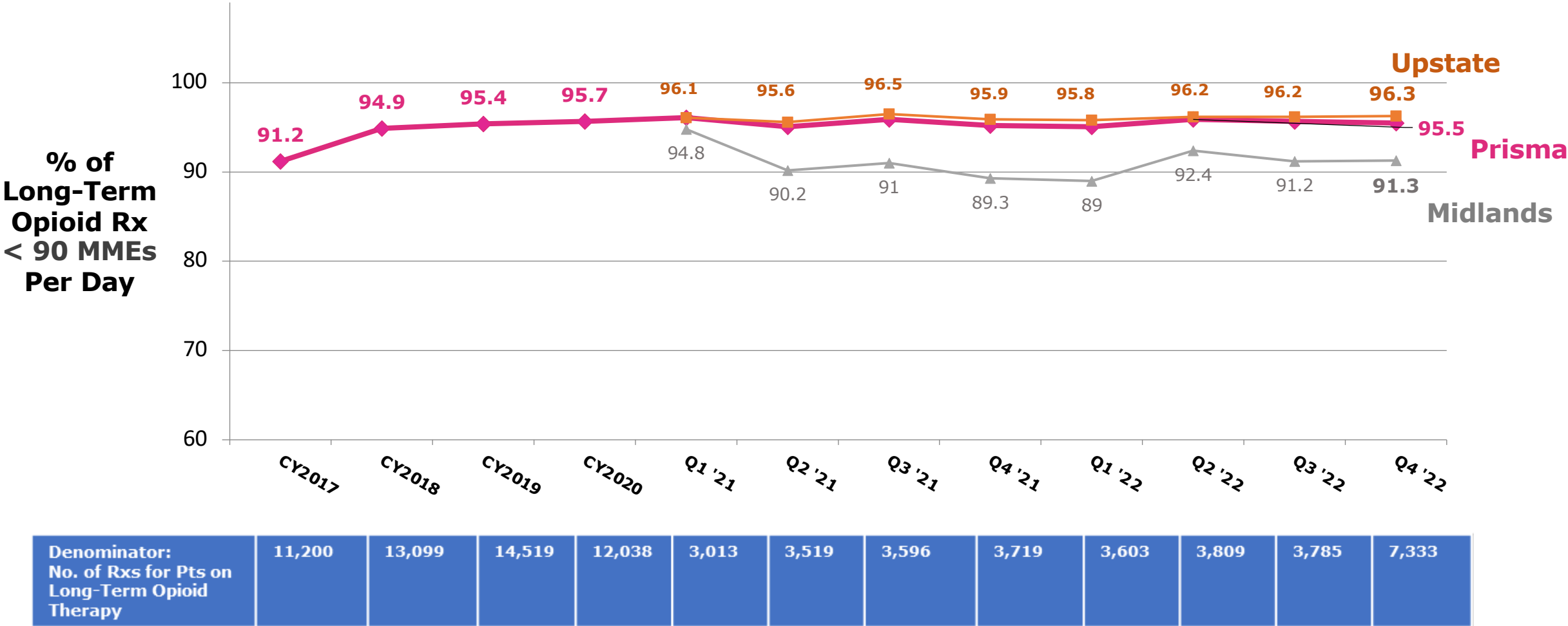
Prisma Health: All Patient Visits by Visit Type

CMS Metric #6: Percent of Pts ≥18 years of age with a new opioid Rx for Acute Pain with Daily Dose < 50 MMEs



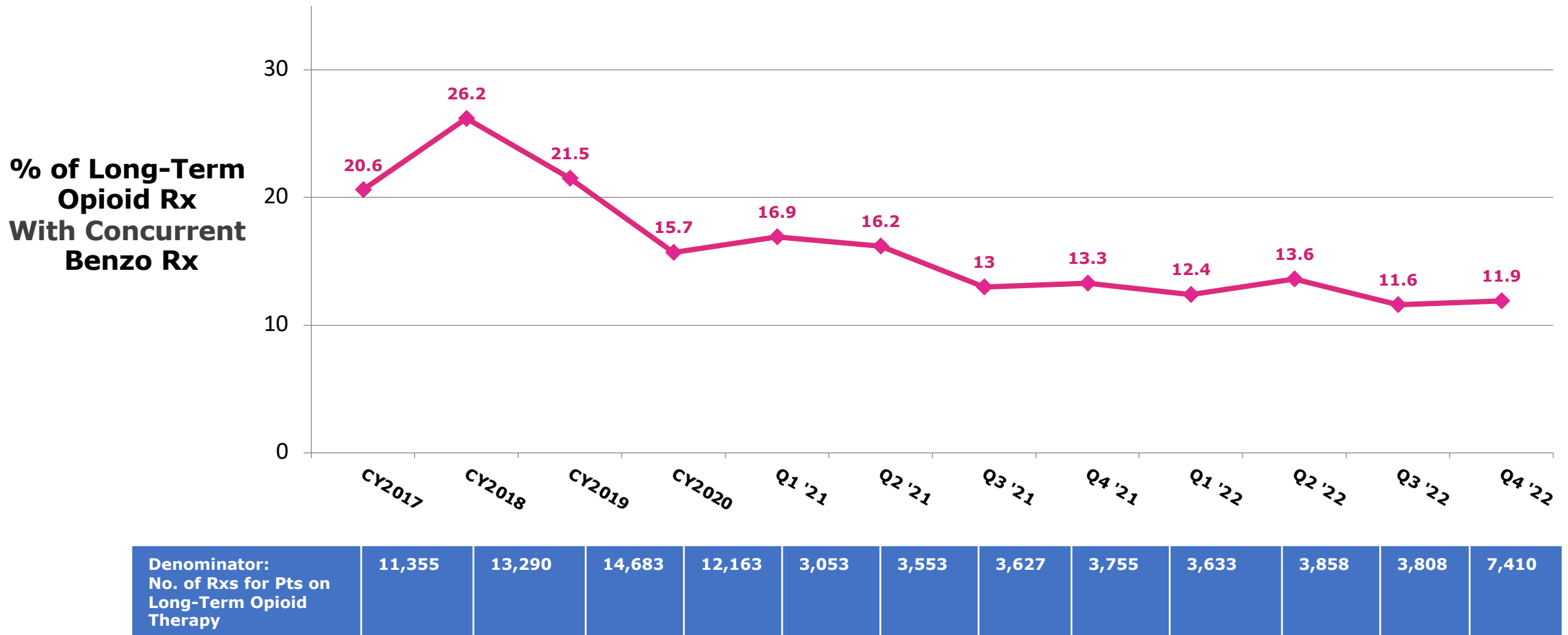
Prisma Health: All Patient Visits

CMS Metric #7: Percent of Pts ≥18 years on long-term opioid therapy who are prescribed < 90 MMEs per day



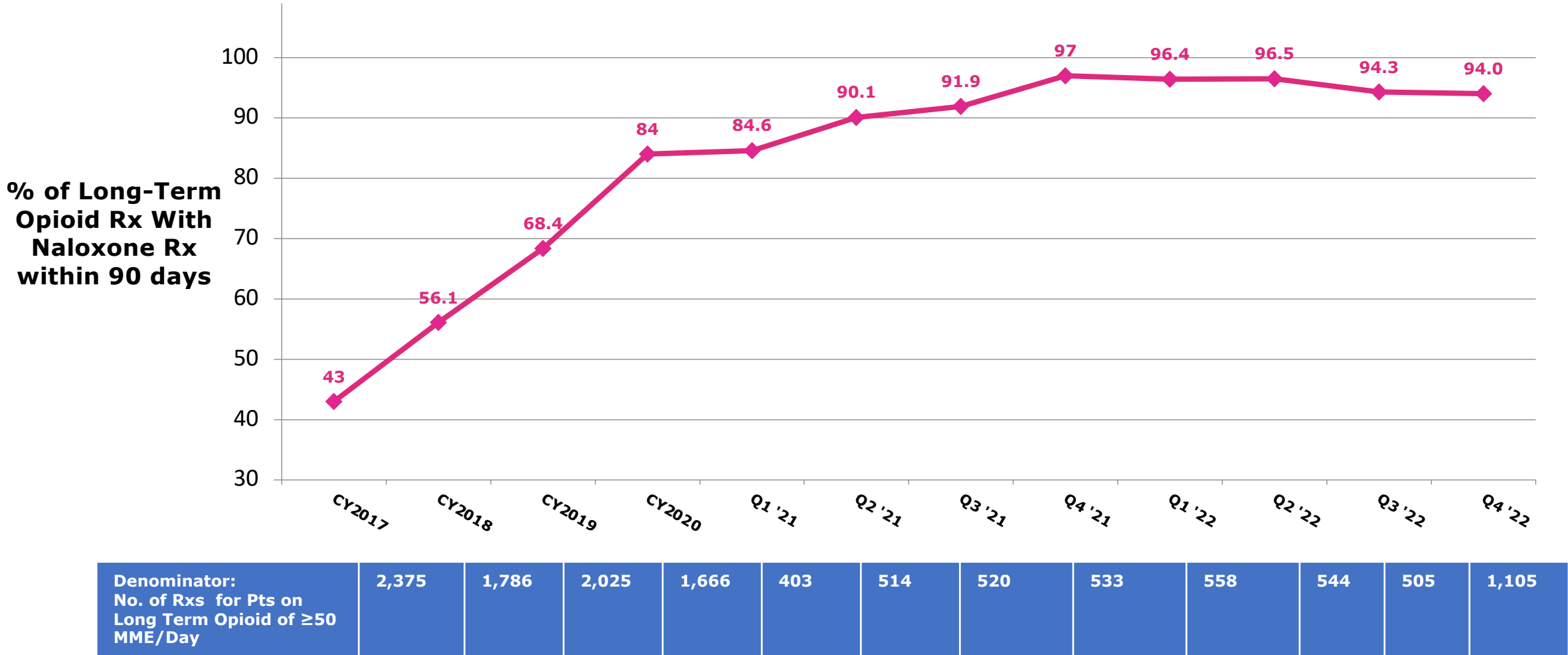
Prisma Health: All Patient Visits

CMS Metric #8: Percent of Pts ≥18 years on long-term opioid therapy with a concurrent Rx for a benzodiazepine



Prisma Health: All Patient Visits

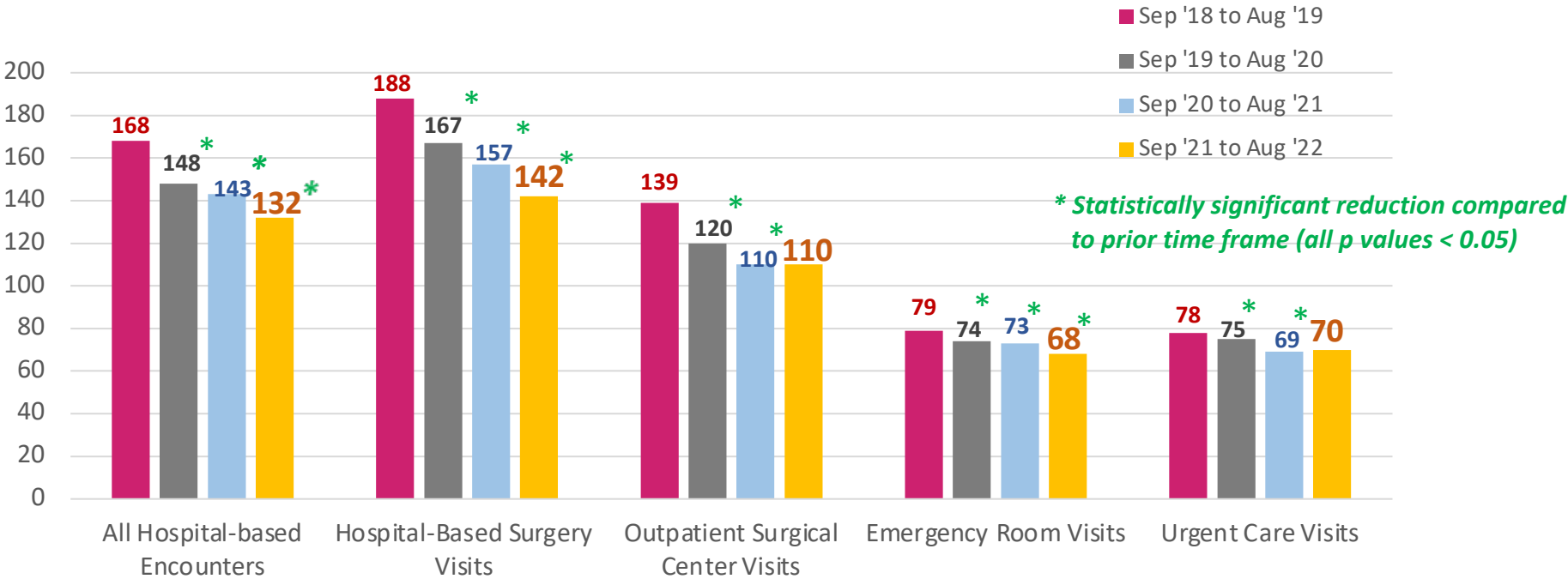
Metric #10: Percent of Pts ≥18 years of age on long-term opioid therapy of ≥ 50 MME daily with naloxone prescribed within 90 days of opioid Rx



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Opioid Average Total Discharge MME (Morphine Milligram Equivalent) by Year Hospital Encounters (includes hospitalizations, inpatient and outpatient surgery visits, ED and urgent care visits)

Average
Total
Discharge
MME



No. of RX Sep '18 to Aug '19	31,557	11,353	1,236	9,515	1,126
No. of Rx Sep '19 to Aug '20	32,409	12,460	1,536	9,415	1,254
No. of Rx Sep '20 to Aug '21	33,433	12,545	2,185	8,989	1,116
No. of Rx Sep '21 to Aug '22	39,008	14,326	2,782	10,741	1,310

Thank You

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