


Opioid Stewardship Program (OSP)
Session 4 – Developing an Opioid Dashboard

Claudia Kinsella, Quality Improvement Specialist
Jeff Francis, Quality Improvement Specialist
Health Services Advisory Group
Thursday, December 9, 2021

Last Session's Action Items

Identify two gaps with your OSP team to prioritize for strategy implementation

Identify your first priority for your OSP action plan;
Remember it's a journey.

Brigham and Women's Hospital
Founding Member, Mass General Brigham

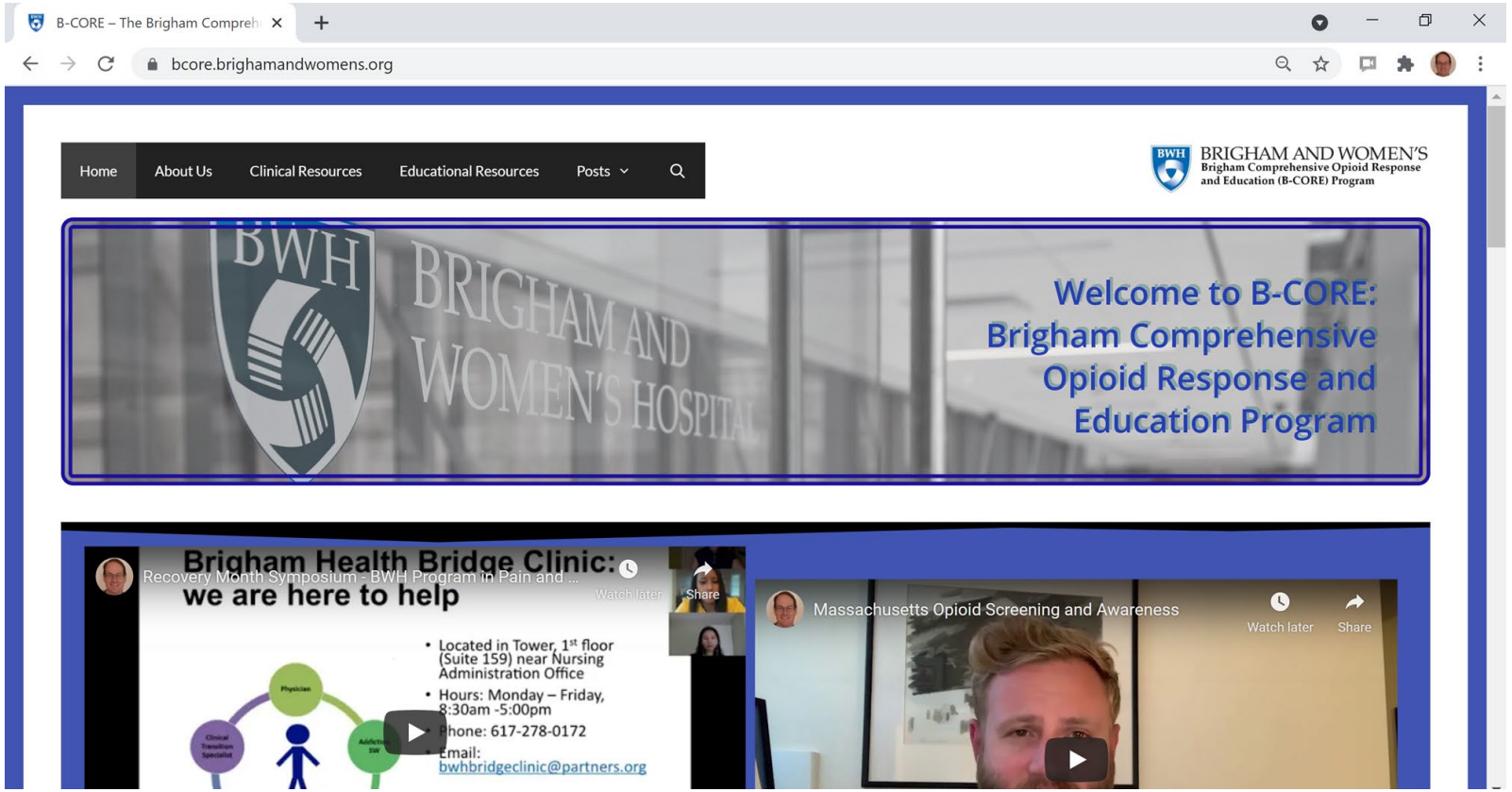
Developing an Opioid Dashboard

Scott G. Weiner, MD, MPH
Director, Brigham Comprehensive Opioid Response and Education (B-CORE) Program
Director, Emergency Medicine Division of Health Policy and Public Health
Associate Professor of Emergency Medicine, Harvard Medical School

Disclosures

No financial conflicts of interest.

bcore.brighamandwomens.org



The Joint Commission Journal on Quality and Patient Safety 2019; 45:3–13

A Health System–Wide Initiative to Decrease Opioid-Related Morbidity and Mortality

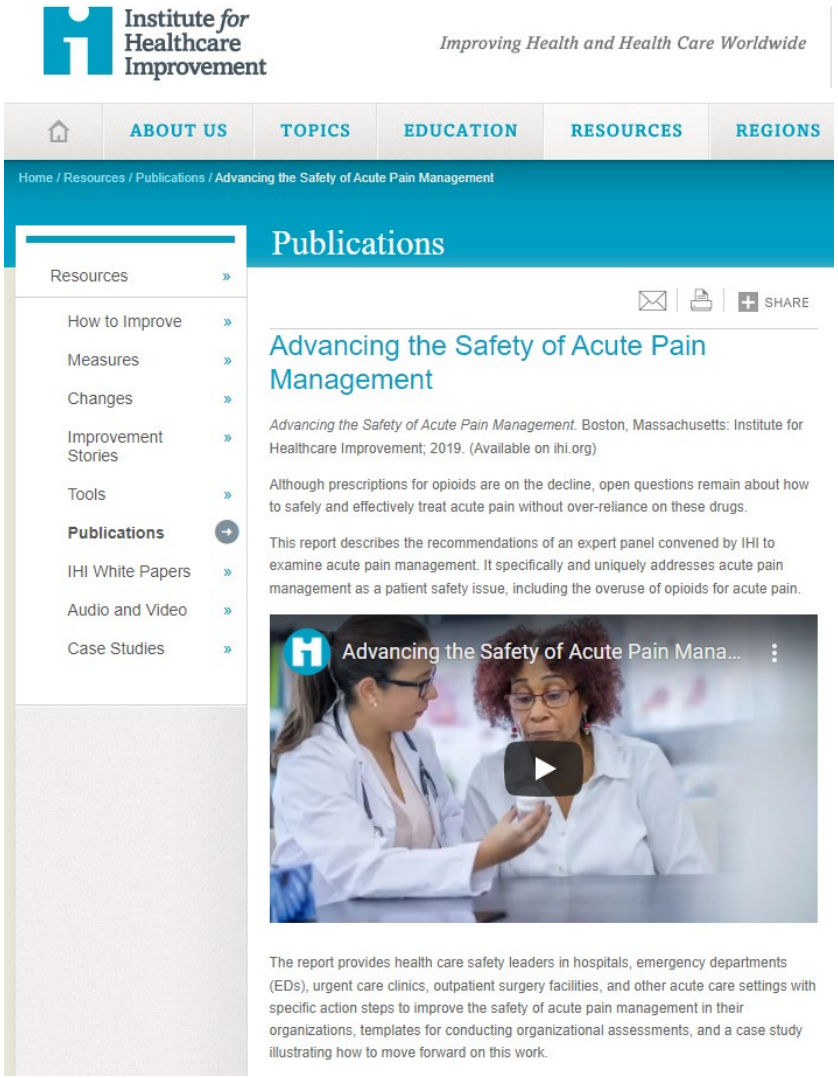
Scott G. Weiner, MD, MPH; Christin N. Price, MD; Alev J. Atalay, MD; Elizabeth M. Harry, MD; Erika A. Pabo, MD, MBA; Rajesh Patel, MD, MPH; Joji Suzuki, MD; Shelly Anderson, MPM; Stanley W. Ashley, MD; Allen Kachalia, MD, JD

Background: The opioid overdose crisis now claims more than 40,000 lives in the United States every year, and many hospitals and health systems are responding with opioid-related initiatives, but how best to coordinate hospital or health system–wide strategy and approach remains a challenge.

Methods: An organizational opioid stewardship program (OSP) was created to reduce opioid-related morbidity and mortality in order to provide an efficient, comprehensive, multidisciplinary approach to address the epidemic in one health system. An executive committee of hospital leaders was convened to empower and launch the program. To measure progress, metrics related to care of patients on opioids and those with opioid use disorder (OUD) were evaluated.

Results: The OSP created a holistic, health system–wide program that addressed opioid prescribing, treatment of OUD, education, and information technology tools. After implementation, the number of opioid prescriptions decreased (-73.5/month; $p < 0.001$), mean morphine milligram equivalents (MME) per prescription decreased (-0.4/month; $p < 0.001$), the number of unique patients receiving an opioid decreased (-52.6/month; $p < 0.001$), and the number of prescriptions $\geq$ 90 MME decreased (-48.1/month; $p < 0.001$). Prescriptions and providers for buprenorphine increased (+6.0 prescriptions/month and +0.4 providers/month; both $p < 0.001$). Visits for opioid overdose did not change (-0.2 overdoses/month; $p = 0.29$).

Conclusion: This paper describes a framework for a new health system–wide OSP. Successful implementation required strong executive sponsorship, ensuring that the program is not housed in any one clinical department in the health system, creating an environment that empowers cross-disciplinary collaboration and inclusion, as well as the development of measures to guide efforts.



http://www.ihi.org/resources/Pages/Publications/Advancing-the-Safety-of-Acute-Pain-Management.aspx

System-Wide Guidelines

System-Wide Guidelines

1) Use of opioids for acute pain
2) Use of opioids for chronic pain

Based on guidelines + state law

*sets expectations for providers and patients, and protective for the hospital

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 65 / No. 1
March 18, 2016

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

System-Wide Guidelines

Mass General Brigham

Use of Opioid Therapy for Acute, Non-Malignant Pain

Executive Summary

Purpose/Definition: The purpose of this document is to support MGB providers to administer compassionate, evidence-based, responsible care while improving the quality and safety of care that is delivered to our patients experiencing acute pain. 'Acute pain' is defined as pain provoked by a specific disease or injury, or subsequent to surgery, and is self-limited, lasting no longer than 90 days.

Pain Assessment and Indications: In acute situations, consider opioid prescriptions based on the **degree of tissue disruption, a strong consideration of alternatives, specialty specific published guidelines, the impact of pain upon function, and the risk/benefit ratio given the provider's knowledge of the individual patient.**

- Opioids may only be prescribed after a clinical examination, diagnosis, review of medication and medical/psychiatric history, consideration of alternatives as well as the risk to the individual patient of opioids, and review of data from the Prescription Drug Monitoring Program (PDMP)

Non-Opioid Alternatives to Pain Management: Opioids should be the last consideration for acute pain management. Do not prescribe without first considering non-opioid and non-pharmacological measures.

Risk Assessment: All patients should be screened for opioid misuse. Consider using a validated screening tool to determine whether it is appropriate to prescribe opioids based on diagnosis and risk.

- You may use validated screening tools such as Opioid Risk Tool (ORT), which is in eCare, or the Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R).
- Screen for family/personal history of substance use disorders (SUDs) and mental health problems before prescribing opioids.
- If a patient is at high risk for opioid misuse, then consider very close follow up and evaluation. For surgical patients, develop a pain management plan before elective surgery and as soon as feasible for urgent surgery.

Prescribing: For acute pain, opioids should be prescribed only when alternative pain treatment modalities are not expected to be sufficient.

- Opioids should never be prescribed for treatment of mild pain where non-opioid over the counter pain relievers or alternative therapies can be used effectively to treat mild pain.
- If opioids are necessary, they should be prescribed at the **lowest effective dose** and for a **limited period**. For acute pain unrelated to surgery/major trauma, providers should **prescribe no more than a 7-day supply**.
- **Long-acting or extended-release opioids *should not* be used for the treatment of acute pain in the opioid naïve patient.**
- Opioids should not be prescribed in excess of the expected duration of need.
- Patients should not be prescribed longer courses of pain medications in order to avoid requests for refills or for "just in case" scenarios.
- Opioids must be electronically prescribed for Massachusetts (MA) and CMS patients. For non-CMS patients in New Hampshire (NH), opioids should be electronically prescribed.
- Educate patients about safe storage of opioids and safe disposal of unused pills.

Mass General Brigham

Use of Opioid Therapy for Chronic, Non-malignant Pain

Executive Summary

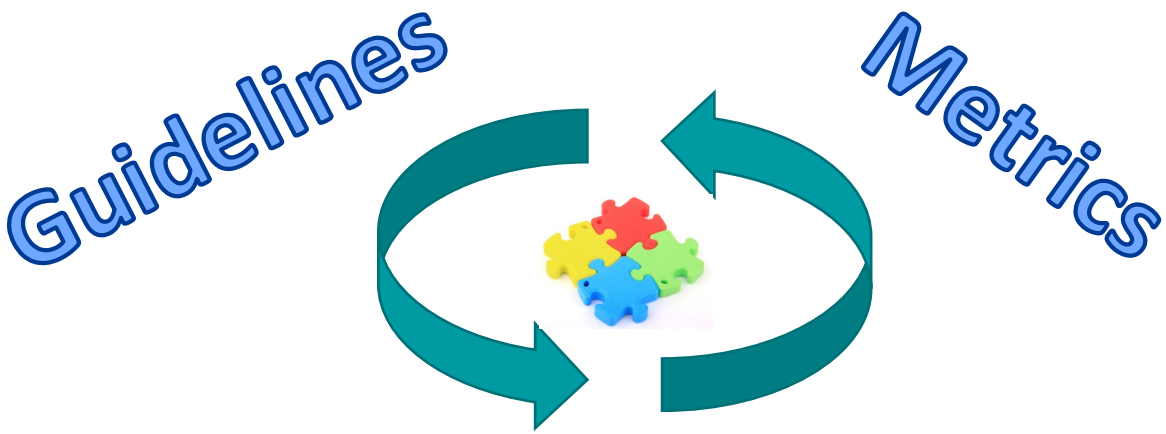
Purpose/Definition: The purpose of this document is to support MGB healthcare providers in delivering compassionate, evidence-based, responsible care for the patients we serve, while improving the quality and safety of care for patients treated for chronic pain. 'Chronic opioid therapy' is the continuous use of an opioid medication as prescribed for greater than 90 days.

Diagnosis, Screening, and Documentation:

- **History, physical exam, diagnosis, and plan must be documented before any opioid is prescribed.**
- **All patients should be screened for risk** of opioid misuse using a validated screening tool to determine whether it is appropriate to prescribe opioids based on diagnosis and risk.
- **All patients on chronic opioid medications should receive, review, and sign one of the approved Opioid Medicine Management Agreements"**
- **All patients receiving chronic opioid medications for pain should have 'Chronic Pain' or 'Pain Management' documented as a problem in the problem list in the EMR, including indication, prescribing physician, and medication type.**

Prescribing Opioids:

- Prescribing opioids for chronic pain should only be pursued once all other options have been exhausted.
- Non-pharmacologic and non-opioid pharmacologic options should be used as a first line for chronic pain unless otherwise contraindicated.
- Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid newly increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.
- Providers should review side effects and **discuss the risks of addiction and overdose with all patients on chronic opioid therapy. Providers should also counsel regarding safe storage and disposal of medications.**
- The stigma of pain is not limited to opioids. Patients reporting pain have sometimes been disbelieved, dismissed, or labeled as "drug-seeking" for wanting relief. Discrimination, stigma and dismissal of pain reports result in inadequate, inaccessible and ineffective health care. In addition, racism has impacted access to adequate pain control with numerous studies showing that Black and other minoritized patients are less likely to receive analgesia. The existence and impact of this stigma and bias on patient care needs to be acknowledged so patients can be treated with compassion and dignity.
- Providers should prescribe intranasal naloxone rescue kits to all patients on chronic opioids >50 MME/day.



Clinical Decision Support

Development of Metrics and Dashboards

Can you answer these questions?

Opioid Prescribing

How many opioid prescriptions are written in your system?
Which clinic/provider prescribes the most opioids?
How many of your prescriptions are for >90 MME/day?
How many of your patients on chronic opioid therapy have had a toxicology screen in the past year?
Which percentage of patients discharged from your ED are prescribed opioids?
How many pills are your emergency physicians prescribing at discharge?
What is the number of pills or long-acting opioids prescribed to your patients after common surgical procedures?

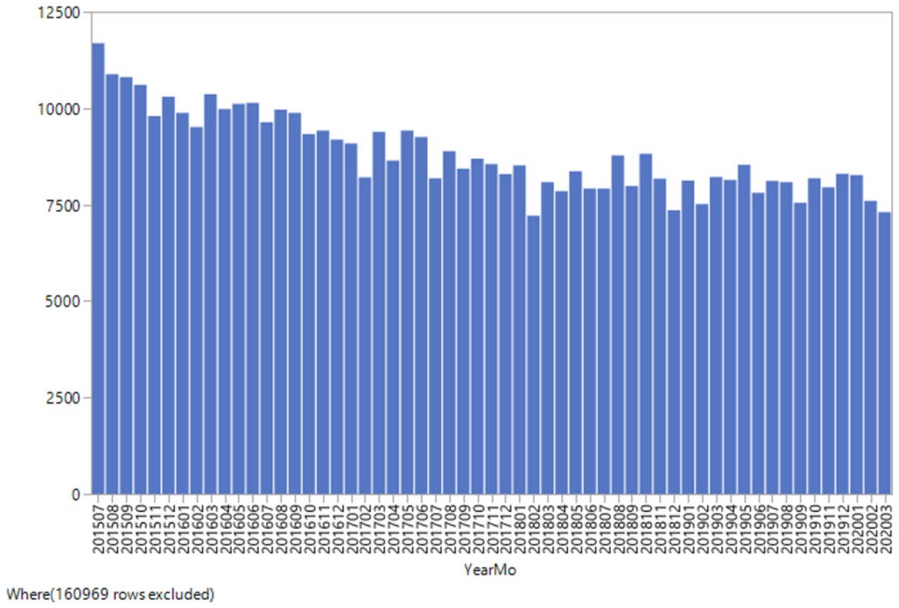
Opioid Use Disorder

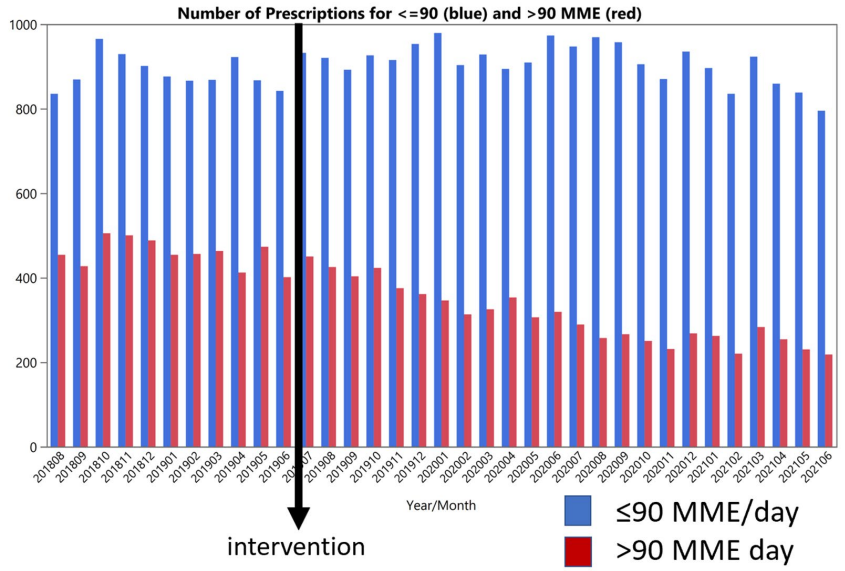
Which percentage of your patients with an OUD diagnosis are prescribed MOUD?
Which percentage of patients who experience an overdose are prescribed naloxone?

Development of Metrics and Reports

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	MRN	PatientDepartment	PatientA	PatientG	PatienPr	PatientR	PrimaryI	CSN	Ordering	Ordering	TheraCl	Pharma	DEACla	Medicati	Medicati	Medicati	Dose	DoseUn	DoseFo	Frequen	Route	Quantity	ED_AllDx	ICD
2		BWH EMERGENC	23	Male	English	White	BLUE C	######		Physicia	ANALGI	OPIOID	C-II	3760	HYDRO	HYDRO	2	mg	Tab	Every 6	Oral	8.00	A04.72	
3		BWH EMERGENC	23	Male	English	White	BLUE C	######		Physicia	ANALGI	OPIOID	C-II	3760	HYDRO	HYDRO	2	mg	Tab	Every 6	Oral	8.00	A04.72	
4		BWH EMERGENC	74	Female	English	White	MEDIC/	######		Physicia	ANALGI	OPIOID	C-II	3760	HYDRO	HYDRO	2	mg	Tab	Every 4	Oral	7.00	B02.29	
5		BWH EMERGENC	41	Female	English	White	MASSH	######		Physicia	ANALGI	OPIOID	C-III	19474	ACETAI	ACETAI	1	tablet	Tab	Every 6	Oral	24.00	B34.9	
6		BWH EMERGENC	52	Male	English	White		######		Residen	ANALGI	OPIOID	C-II	27873	MORPH	MORPH	60	mg	Cap	2 times	Oral	15.00	C18.9	
7		BWH EMERGENC	31	Male	English	Unavaila	MASSH	######		Residen	ANALGI	OPIOID	C-II	5178	MORPH	MORPH	7.5-15	mg	Tab	Every 3	Oral	24.00	C18.9	
8		BWH EMERGENC	27	Female	English	White	MEDIC/	######		Physicia	ANALGI	OPIOID	C-II	87795	OXYCO	OXYCO	20	mg	Tab	Every 4	Oral	20.00	C41.9	
9		BWH EMERGENC	27	Female	English	White	MEDIC/	######		Physicia	ANALGI	OPIOID	C-II	87795	OXYCO	OXYCO	20	mg	Tab	Every 4	Oral	20.00	C41.9	
10		BWH EMERGENC	27	Female	English	White	MEDIC/	######		Physicia	ANALGI	OPIOID	C-II	87795	OXYCO	OXYCO	20	mg	Tab	Every 4	Oral	20.00	C41.9	
11		BWH EMERGENC	63	Female	English	White	HARVA	######		Physicia	ANALGI	OPIOID	C-II	28899	OXYCO	OXYCO	15	mg	Tab	Every 4	Oral	42.00	C50.919	
12		BWH EMERGENC	36	Female	English	White	UNITEC	######		Residen	ANALGI	OPIOID	C-II	5178	MORPH	MORPH	15	mg	Tab	Every 6	Oral	5.00	D21.9	
13		BWH EMERGENC	25	Male	English	Black or	TUFTS	######		Physicia	ANALGI	OPIOID	C-II	10814	OXYCO	OXYCO	5	mg	Tab	Every 4	Oral	10.00	D57.00	
14		BWH EMERGENC	25	Male	English	Black or	TUFTS	######		Physicia	ANALGI	OPIOID	C-II	10814	OXYCO	OXYCO	5	mg	Tab	Every 8	Oral	9.00	D57.00	
15		BWH EMERGENC	33	Male	English	Black or	AETNA	######		Residen	ANALGI	OPIOID	C-II	20921	MORPH	MORPH	60	mg	Tab	Every 8	Oral	8.00	D57.00	
16		BWH EMERGENC	33	Male	English	Black or	AETNA	######		Residen	ANALGI	OPIOID	C-II	10226	HYDRO	HYDRO	8	mg	Tab	Every 4	Oral	12.00	D57.00	
17		BWH EMERGENC	27	Male	English	Black or	ALLWA	######		Physicia	ANALGI	OPIOID	C-II	87795	OXYCO	OXYCO	10	mg	Tab	Every 6	Oral	15.00	D57.00	
18		BWH EMERGENC	27	Female	English	Black or	CIGNA	######		Residen	ANALGI	OPIOID	C-II	10814	OXYCO	OXYCO	5	mg	Tab	Every 4	Oral	12.00	D57.00	
19		BWH EMERGENC	18	Male	English	Black or	UNITEC	######		Physicia	ANALGI	OPIOID	C-II	3760	HYDRO	HYDRO	2	mg	Tab	Every 8	Oral	9.00	D57.00	

Development of Metrics and Reports





Development of Metrics and Reports

Domain Area	#	Measure
Ambulatory Opioid Use		
	1	Percentage of patients prescribed opioid (Provider)
	2	Number of opioid prescriptions per 1,000 office visits (Clinic)
	3	Percentage of opioid prescriptions with partial fill instructions
	4	Percentage of opioid prescriptions for acute pain with less than 7 day supply (Clinic)
	5	Percentage of Patients Prescribed Chronic Opioid with Risk and Plan Documented (Can we do it?)
Inpatient Opioid Use		
	6	Percentage of patients prescribed opioid more than 3 month after surgery (Surgery Type * Provider)
	7	Average inpatient daily MMEs administered during hospitalization
	8	Percentage of patients that received more than 50 MME during at least one day of their hospitalization
	9	Percentage of patients administered long-acting opioid during hospital stay
	10	Percentage of patients prescribed long-acting opioid at hospital discharge (Surgery Type * Hospital)
	11	Percentage of patients prescribed opioid at discharge (Surgery Type * Hospital)
	12	Number of pills prescribed at discharge (Surgery Type * Hospital)
	13	Daily MMEs prescribed at discharge (Surgery Type * Hospital)
Emergency Department Opioid Use		
	14	Percentage of opioid-naïve patients prescribed C-II & C-III opioid on emergency department discharge (Last ED Attending)
	15	Percentage of patients treated for opioid overdose in emergency department (Hospital)
	16	Opioid administration among the headache/migraine patients who visited ED
	17	Quantity of opioid prescribed to the patients who were discharged from ED (Last ED attending)
	18	Opioid covered-days prescribed to the patients who were discharged from ED
High Risk Patients Opioid Use (Ambulatory, Inpatient, ED)		
	19	Percentage of patients prescribed opioid with daily MME > 90 among those who were prescribed (Provider)
	20	Percentage of patients with Naloxone on medication list while they received opioid with daily MME > 90
	21	Percentage of patients who were prescribed Opioid while Benzo on the active med list
	22	Percentage of patients with document ORT assessment among those with chronic opioid
	23	Percentage of patients prescribed buprenorphine among those with opioid disorder diagnoses (Provider)
Opioid Use Monitor		
	24	Percentage of patients with office visits within prior 3 months among chronic opioid users (Provider)
	25	Percentage of patients with urine drug toxicology among chronic opioid users (Provider)
	26	Percentage of patients signed medication agreement on file among chronic opioid users (Provider)
	27	Percentage of patients signed medication agreement on file among patients with long term opioid prescription
	28	Number of opioid prescribers for single patient

Development of Metrics and Reports

Process Metrics	Outcome Metrics
• New opioid prescription written per 1,000 patients • Morphine milligram equivalents (MME) prescribed across hospital and per unit/clinician • Number of pills prescribed after specific surgeries • Number of days' supply prescribed after specific surgeries • Percent of patients readmitted for pain management • Percent of patients receiving multimodal analgesia • Percent of patients receiving Narcan during hospital stay • Percent of eligible patients receiving local/regional anesthesia • Percent of patients receiving opioid refills following surgery (without referral to pain management consultant) • Unplanned ED visits for pain management • Unplanned postoperative admissions for pain management • Utilization of a screening tool for risk assessment • Percent of patients receiving medication for addiction treatment (MAT) • Percent of cases in which non-opioid options were tried first (with certain exceptions such as trauma) • Prescriber opioid prescription rate by specialty** • Number of incidents of high-risk coprescribing (e.g., opioids and benzodiazepines) • Percentage of postsurgical prescriptions for which the number of pills prescribed is consistent with adopted standards (For example, see standards set by Washington State.[94])	• Annual number of fatal overdoses per patient population or "covered lives" • Annual number of nonfatal overdoses per patient population or "covered lives" • Prevalence of OUD per 1,000 person-years • Percent of patients experiencing opioid-related adverse drug events (ORADE), such as opioid-related adverse respiratory events (ORARE) requiring naloxone administration **Outcome Metric Sets** • PROMIS measures • Metrics related to function (ambulation, sleep, delirium, ileus, nausea, vomiting, pruritus, urinary retention) • VA approved metrics • National Quality Forum metrics

18

Development of Metrics and Reports

Ambulatory Report: Percentage of patients prescribed opioid - All Patients

Measurement Period: 11/1/2020 - 10/31/2021

PHS Rate

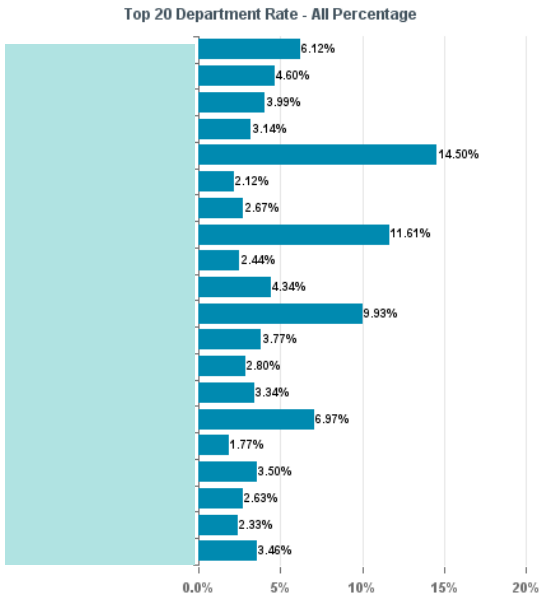
Naïve Patients with Rx	Naïve Patients with Visit	Naïve Percentage	All Patients with Rx	All Patients with Visit	All Percentage
33,636	537,792	6.25%	61,425	647,429	9.49%

Reporting Level Selected: Department

Top 20 Department Rate - All

Organization	Department	All Patients with Rx ▼	All Patients with Visit	All Percentage
BWH		507	8,278	6.12%
BWH		444	9,645	4.60%
BWH		401	10,047	3.99%
BWH		393	12,507	3.14%
BWH		354	2,442	14.50%
BWH		281	13,253	2.12%
BWH		217	8,138	2.67%
BWH		202	1,740	11.61%
BWH		194	7,956	2.44%
BWH		170	3,915	4.34%
BWH		167	1,682	9.93%
BWH		165	4,381	3.77%
BWH		163	5,814	2.80%
BWH		159	4,762	3.34%
BWH		132	1,893	6.97%
BWH		123	6,950	1.77%
BWH		120	3,426	3.50%
BWH		116	4,407	2.63%
BWH		114	4,897	2.33%
BWH		112	3,234	3.46%

Select to see all department detail



Development of Metrics and Reports

Ambulatory Report: Number of opioid Rx per 1,000 office visits - All Patients

Measurement Period: 11/1/2020 - 10/31/2021

PHS Rate

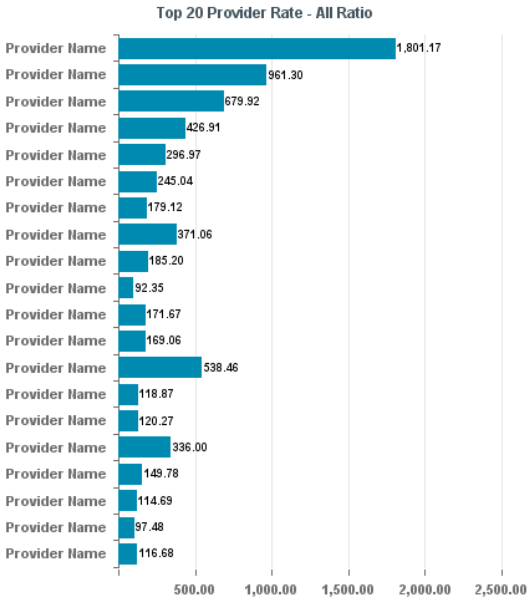
Naïve Rx	Naïve Visits	Naïve Ratio	Chronic Rx	Chronic Visits	Chronic Ratio	All Rx	All Visits	All Ratio
59,755	1,852,026	32.26	126,762	80,837	1,568.12	186,517	1,932,863	96.5

Reporting Level Selected: Provider

Top 20 Provider Rate - All

Organization	Department	Provider	All Rx ▼	All Visits	All Ratio
BWH		Provider Name	1,540	855	1,801.17
BWH		Provider Name	919	956	961.3
BWH		Provider Name	718	1,056	679.92
BWH		Provider Name	660	1,546	426.91
BWH		Provider Name	637	2,145	296.97
BWH		Provider Name	580	2,367	245.04
BWH		Provider Name	556	3,104	179.12
BWH		Provider Name	495	1,334	371.06
BWH		Provider Name	443	2,392	185.2
BWH		Provider Name	442	4,786	92.35
BWH		Provider Name	383	2,231	171.67
BWH		Provider Name	294	1,739	169.06
BWH		Provider Name	280	520	538.46
BWH		Provider Name	274	2,305	118.87
BWH		Provider Name	264	2,195	120.27
BWH		Provider Name	252	750	336
BWH		Provider Name	235	1,569	149.78
BWH		Provider Name	235	2,049	114.69
BWH		Provider Name	232	2,380	97.48
BWH		Provider Name	226	1,937	116.68

Select to see all provider detail



Development of Metrics and Reports

Emergency Department Report: Percentage of patients prescribed C-II or C-III Opioids during ED discharge – All discharged patients

Measurement Period: 11/1/2020 - 10/31/2021

PHS Rate

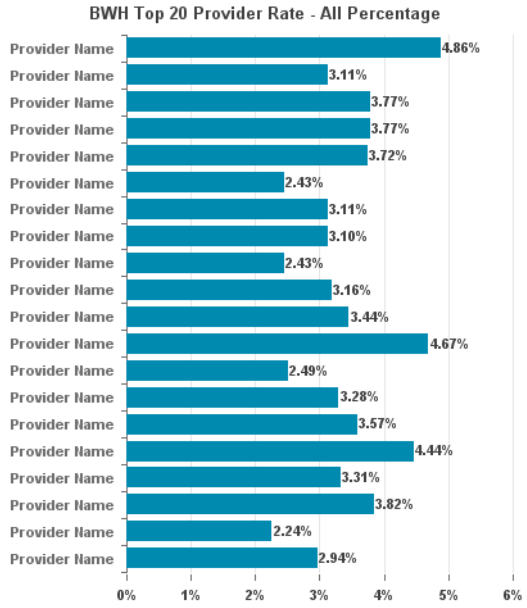
Naïve patients with Rx	Naïve patients with Visits	Naïve Percentage	All patients with Rx	All patients with Visits	All Percentage
6,308	157,266	4.01%	8,505	188,778	4.51%

Reporting Level Selected: Provider

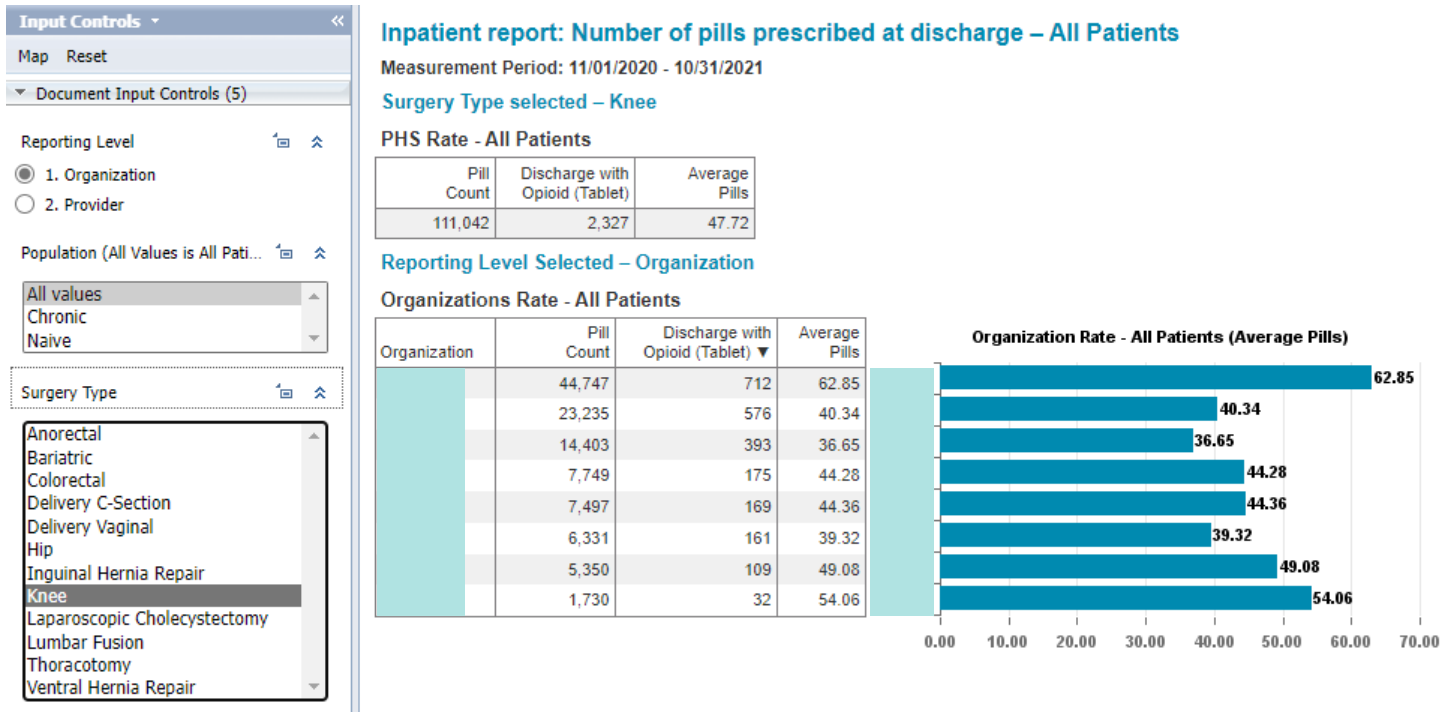
BWH Top 20 Provider Rate - All

Organization	Provider	All patients with Rx ▼	All patients with Visits	All Percentage
BWH	Provider Name	58	1,193	4.86%
BWH	Provider Name	36	1,157	3.11%
BWH	Provider Name	36	956	3.77%
BWH	Provider Name	29	769	3.77%
BWH	Provider Name	28	753	3.72%
BWH	Provider Name	26	1,070	2.43%
BWH	Provider Name	26	837	3.11%
BWH	Provider Name	22	709	3.10%
BWH	Provider Name	21	863	2.43%
BWH	Provider Name	20	633	3.16%
BWH	Provider Name	20	582	3.44%
BWH	Provider Name	20	428	4.67%
BWH	Provider Name	19	763	2.49%
BWH	Provider Name	18	549	3.28%
BWH	Provider Name	18	504	3.57%
BWH	Provider Name	18	405	4.44%
BWH	Provider Name	17	514	3.31%
BWH	Provider Name	17	445	3.82%
BWH	Provider Name	15	670	2.24%
BWH	Provider Name	15	510	2.94%

Select to see all provider detail



Development of Metrics and Reports



Development of Metrics and Reports

# of Days Cove	Opioid Agreem	Dt of Opioid Ag	Tox Screen Wit	ORT Score	Active Methadc	Active Bupreno	History of SUD	History of Over	Active SUD?	Dt of Last Mas	Current MEDD	Enc in Primary	Next Enc in Pri	GFR	D
134	Yes		✓		No	No	No	No	No	9/20/2021 1:41 PM		07/27/2021	10/26/2021	95	0
7					No	No	No	No	No	2/26/2020 3:43 PM	45	07/19/2021		83	0
180	Yes		✓		No	No	No	No	No	10/1/2021 9:02 AM	75	10/14/2021	11/03/2021	69	1
160	Yes		✓		Yes	No	No	No	No	10/15/2021 7:21 AM		10/15/2021	12/17/2021	65	0
136	Yes		✓		No	No	No	No	No	9/24/2021 11:49 AM	90	09/28/2021	10/25/2021	116	0
46	Yes		✓		No	No	No	No	No	10/12/2021 1:28 PM	45	09/24/2021	12/17/2021	44	1
180	Yes		✓		No	No	No	No	No	10/4/2021 1:35 PM	67.5	08/04/2021	11/09/2021	90	1
178	Yes		✓		No	No	No	No	No	9/29/2021 3:00 PM	75	04/09/2021		102	0
14	Yes		✓		No	No	No	No	No	10/4/2021 1:32 PM	22.5	08/06/2021	11/08/2021	102	1
179	Yes		✓		No	No	No	No	No	9/29/2021 10:26 AM	75	09/03/2021	12/03/2021	69	0
167	Yes				No	No	No	No	No	9/21/2021 3:13 PM	75	03/19/2021		Patient's most recent lab	0

Work in Progress

Primary care dashboard

Treatment of OUD, AUD

Screening, naloxone

CAUTION UNINTENDED CONSEQUENCES AHEAD

"If you can't measure it, you can't manage it."
-Peter Drucker
Management Guru

"If you don't collect any metrics you're flying blind. If you collect and focus on too many, they may be obstructing your field of view."
-Scott M. Graffius, Agile Scrum

"Keep in mind, measurement is not just numbers, but stories."
-Pearl Zhu

Questions/Discussion

bcore.brighamandwomens.org
popi.bwh.harvard.edu
sweiner@bwh.harvard.edu

Field Example

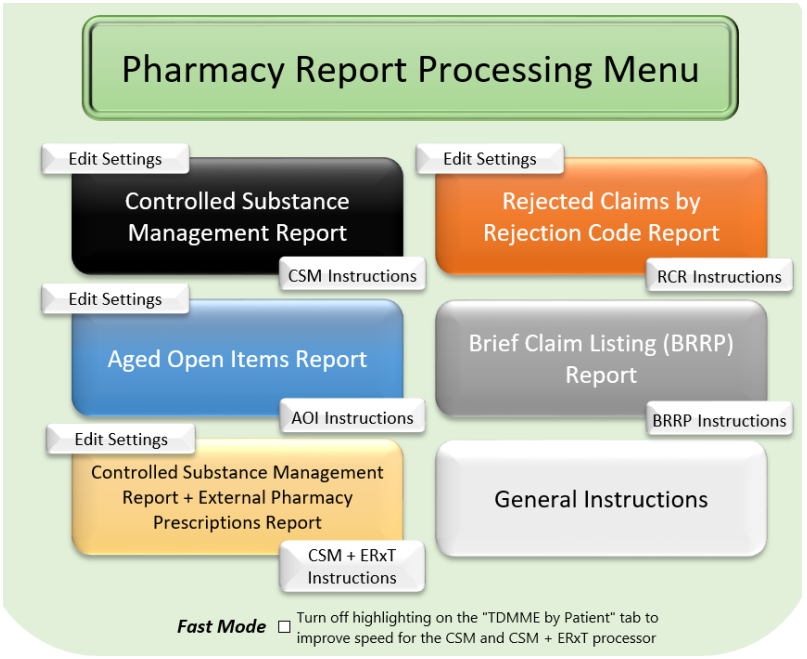
Opioid Dashboards
Real-Life Applications

Tara L. Argual, PharmD, PRS

Chief Pharmacist, Hopi Health Care Center

It doesn’t have to be complicated!

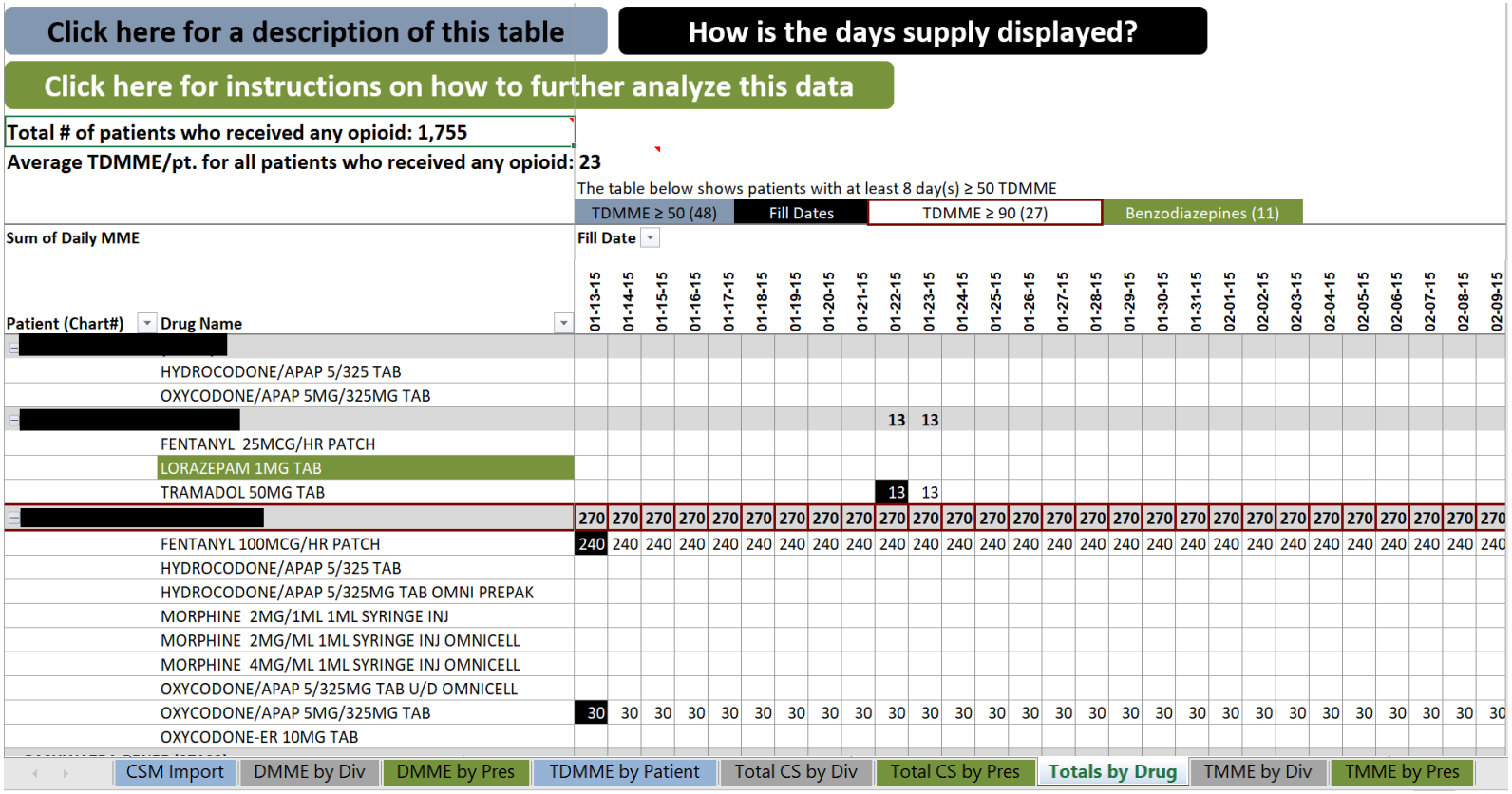
- Useful
- Collaborative



AREA:	Phoenix
FACILITY:	Hopi Health Care Center
YEAR:	2021

	METRIC	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	TOTAL
1	Total # of Prescriptions	9430	10290	11662	15010	9383	10944	9423	9919	9593	8850	9536		114040
2	# of Opioid Prescriptions	53	55	62	63	60	62	60	72	62	46	51		646
3	# of Patients Receiving Opioids	19	20	25	27	22	28	27	39	26	18	19		270
4	Average Daily MME/RX	12	13	15	13	16	11	13	16	13	11	15		148
5	Total MME	3846	2909	4711	4422	3887	3886	3930	4321	4335	3210	3080		42537
6	Total MME/Total # of Prescriptions	0.41	0.28	0.40	0.29	0.41	0.36	0.42	0.44	0.45	0.36	0.32		4
7	# of Patients with a Total Daily MME 50-89	0	0	1	1	0	0	1	1	1	0	0		5
8	# of Patients with a Total Daily MME 90-149	0	0	0	0	0	0	0	0	0	0	0		0
9	# of Patients with a Total Daily MME ≥150	0	0	0	0	0	0	0	0	0	0	0		0
10	# of Patients with Opioid + BZD 50-89 MME	0	0	1	0	0	0	0	0	0	0	0		1
11	# of Patients with Opioid + BZD ≥90 MME	0	0	0	0	0	0	0	0	0	0	0		0
12	# of Nasal or Injection Naloxone Prescriptions	2	0	1	0	1	1	1	0	0	0	2		8
13	# of Buprenorphine (any) Prescriptions	1	1	1	1	1	1	1	0	1	2	1		11
14	# of Oral Methadone Prescriptions	0	0	0	0	0	0	0	0	0	0	0		0

	METRIC	SOURCE
1	Total # of Prescriptions	RPMS AMIS: **NEW + REFILL = Total**
2	# of Opioid Prescriptions	RRIP: **Total CS by Div Tab**
3	# of Patients Receiving Opioids	RRIP: **TDMME by Patient Tab**
4	Average Daily MME/RX	RRIP: **DMME by Div Tab**
5	Total MME	RRIP: **TMME by Div Tab**
6	Total MME/Total # of Prescriptions	RRIP and RPMS AMIS: **'Total MME'** is divided into **'Total # of Prescriptions'** which will auto Calculate to get a ratio
7	# of Patients with a Total Daily MME 50-89	RRIP: Manual Count > **TDMME by Patient Tab**
8	# of Patients with a Total Daily MME 90-149	RRIP: Manual Count > **TDMME by Patient Tab**
9	# of Patients with a Total Daily MME ≥150	RRIP: Manual Count > **TDMME by Patient Tab**
10	# of Patients with concurrent oral Opioid + oral BZD (chronic) with 50-89 MME	RRIP: Manual Count > **TDMME by Patient Tab**
11	# of Patients with concurrent oral Opioid + oral BZD (chronic) with ≥90 MME	RRIP: Manual Count > **TDMME by Patient Tab**
12	# of Nasal or Injection Naloxone Prescriptions	RPMS DUER
13	# of Buprenorphine (any) Prescriptions	RPMS DUER
14	# of Oral Methadone Prescriptions	RPMS DUER


Click here for a description of this table
How is the days supply displayed?
Click here for instructions on how to further analyze this data
Total # of patients who received any opioid: 1,755
Average TDMME/pt. for all patients who received any opioid: 23
The table below shows patients with at least 8 day(s) ≥ 50 TDMME
TDMME ≥ 50 (48)
Fill Dates
TDMME ≥ 90 (27)
Benzodiazepines (11)
Sum of Daily MME
Fill Date
Patient (Chart#)
Drug Name
01-13-15 01-14-15 01-15-15 01-16-15 01-17-15 01-18-15 01-19-15 01-20-15 01-21-15 01-22-15 01-23-15 01-24-15 01-25-15 01-26-15 01-27-15 01-28-15 01-29-15 01-30-15 01-31-15 02-01-15 02-02-15 02-03-15 02-04-15 02-05-15 02-06-15 02-07-15 02-08-15 02-09-15
[redacted]
HYDROCODONE/APAP 5/325 TAB
OXYCODONE/APAP 5MG/325MG TAB
[redacted] 13 13
FENTANYL 25MCG/HR PATCH
LORAZEPAM 1MG TAB
TRAMADOL 50MG TAB 13
[redacted] 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270 270
FENTANYL 100MCG/HR PATCH 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240 240
HYDROCODONE/APAP 5/325 TAB
HYDROCODONE/APAP 5/325MG TAB OMNI PREPAK
MORPHINE 2MG/1ML 1ML SYRINGE INJ
MORPHINE 2MG/ML 1ML SYRINGE INJ OMNICELL
MORPHINE 4MG/ML 1ML SYRINGE INJ OMNICELL
OXYCODONE/APAP 5/325MG TAB U/D OMNICELL
OXYCODONE/APAP 5MG/325MG TAB 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30 30
OXYCODONE-ER 10MG TAB
CSM Import
DMME by Div
DMME by Pres
TDMME by Patient
Total CS by Div
Total CS by Pres
Totals by Drug
TMME by Div
TMME by Pres

Click here for a description of this table

How is the days supply displayed?

Click here for instructions on how to further analyze this data

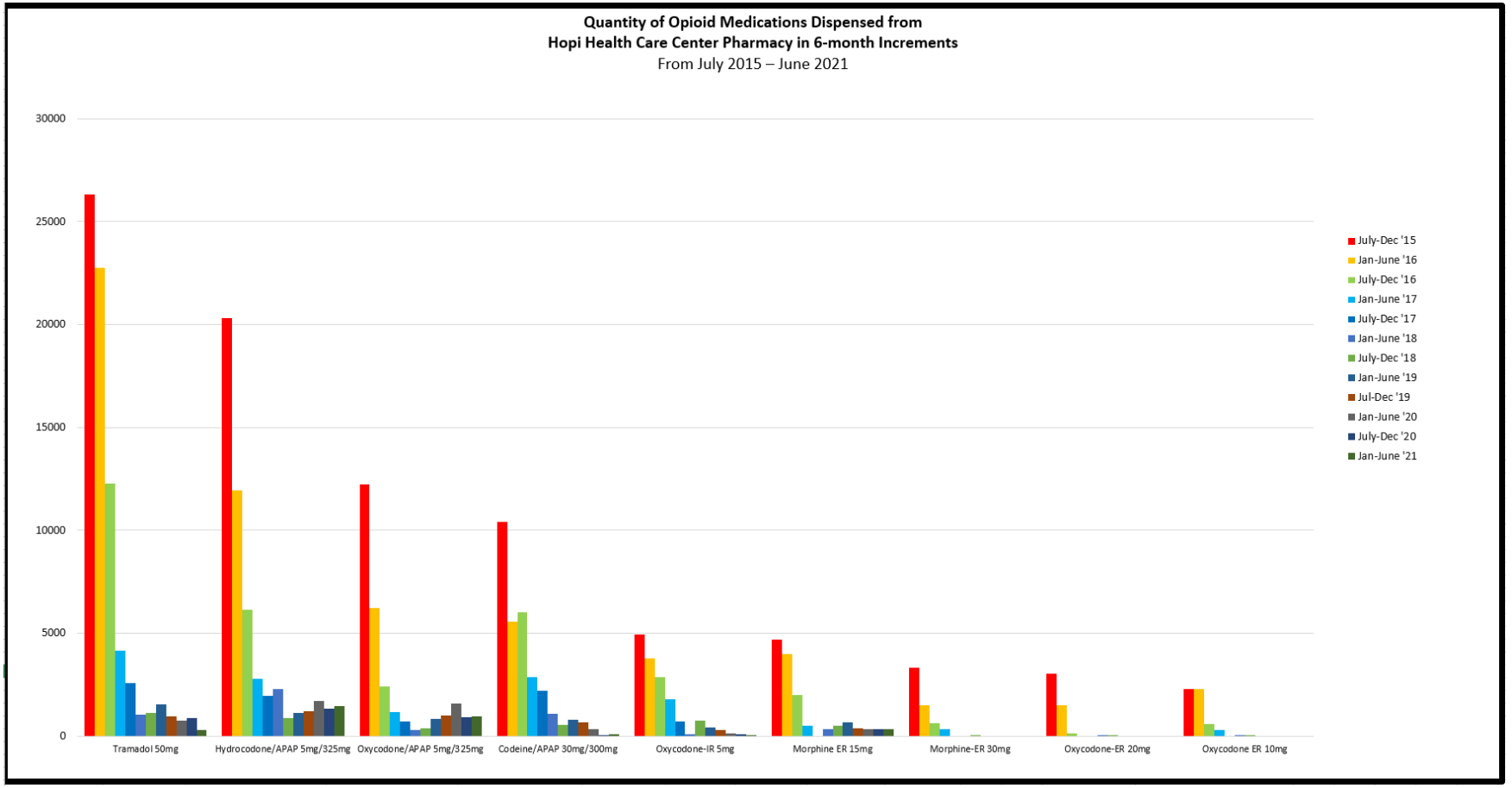
Total # of patients who received any opioid: 158

Average TDMME/pt. for all patients who received any opioid: 17

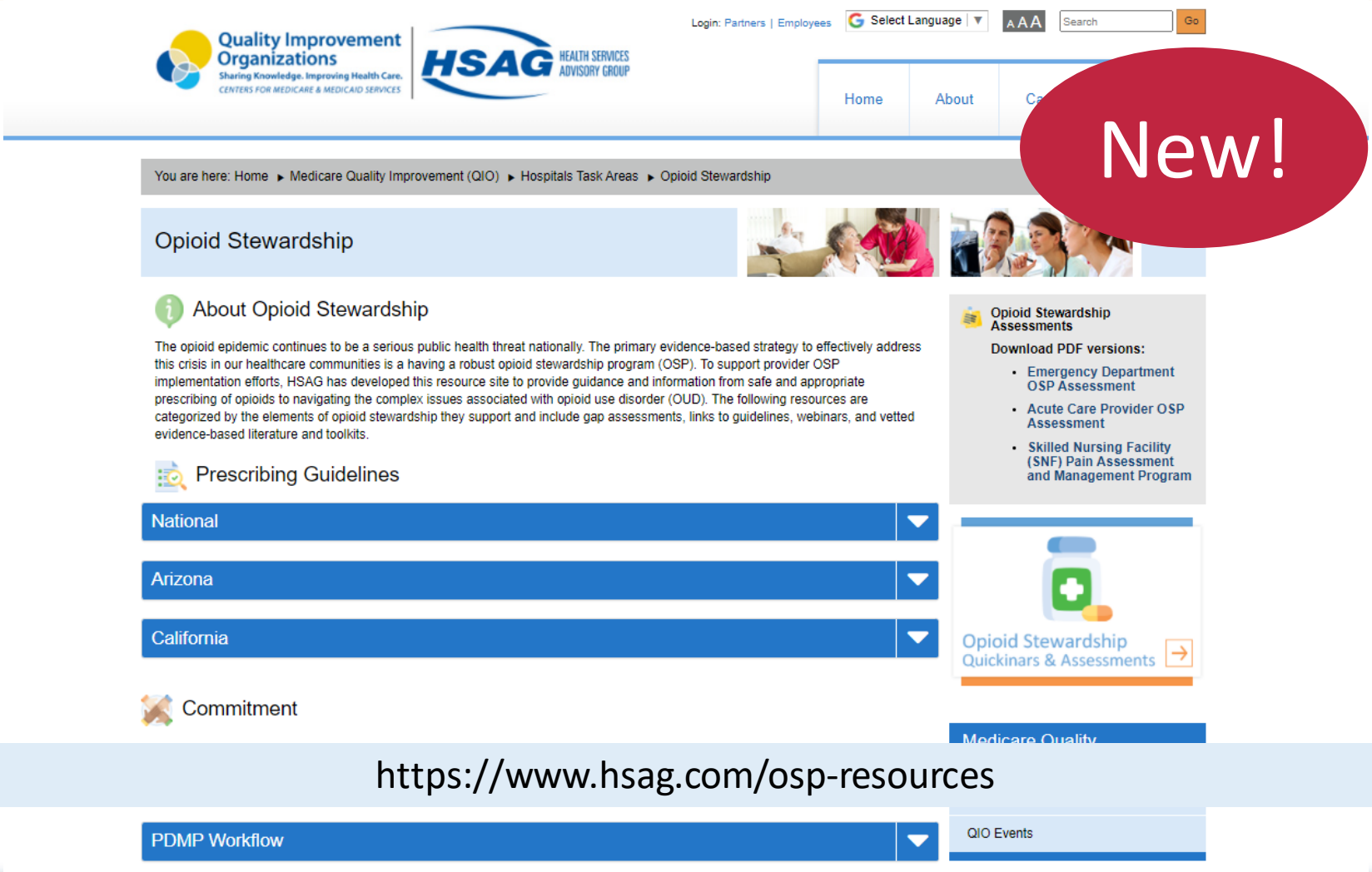
The table below shows patients with at least 8 day(s) ≥ 50 TDMME

TDMME ≥ 50 (2) | Fill Dates | TDMME ≥ 90 (0) | Benzodiazepines (1)

Sum of Daily MME	Fill Date	03-24-21	03-25-21	03-26-21	03-27-21	03-28-21	03-29-21	03-30-21	03-31-21	04-01-21	04-02-21	04-03-21	04-04-21	04-05-21	04-06-21	04-07-21	04-08-21	08-17-21	08-18-21	08-19-21	08-20-21	08-21-21	08-22-21	08-23-21	08-24-21	08-25-21	09-01-21	09-02-21	09-03-21	09-04-21	09-05-21	09-06-21	09-07-21	09-08-21	09-09-21	09-10-21	09-11-21	09-12-21	09-13-21
Patient (Chart#)	Drug Name																																					
[redacted]		20	20	20	20	20	20	20	80	80	80	80	80	80	80	60	60																					
	FENTANYL 25MCG/HR PATCH								60	60	60	60	60	60	60	60	60																						
	HYDROCODONE/APAP 5/325 TAB	20	20	20	20	20	20	20	20	20	20	20	20	20	20																							
	LORAZEPAM 1MG TAB																																					
[redacted]																		60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
	FENTANYL 25MCG/HR PATCH																	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60


Quantity of Opioid Medications Dispensed from
Hopi Health Care Center Pharmacy in 6-month Increments
From July 2015 – June 2021
30000
25000
20000
15000
10000
5000
0
Tramadol 50mg
Hydrocodone/APAP 5mg/325mg
Oxycodone/APAP 5mg/325mg
Codeine/APAP 30mg/300mg
Oxycodone-IR 5mg
Morphine ER 15mg
Morphine-ER 30mg
Oxycodone-ER 20mg
Oxycodone ER 10mg
July-Dec '15
Jan-June '16
July-Dec '16
Jan-June '17
July-Dec '17
Jan-June '18
July-Dec '18
Jan-June '19
Jul-Dec '19
Jan-June '20
July-Dec '20
Jan-June '21

Opioid Stewardship Resource Site

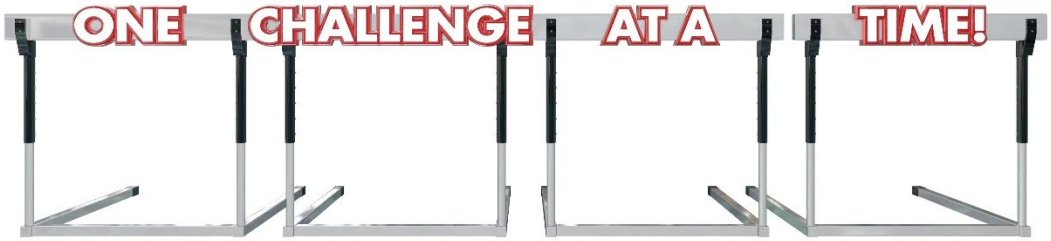


https://www.hsag.com/osp-resources

Action Items by Next Quickinar (1/13/2022)

1. Review Dashboard Resources on the HSAG OSP Resource Page.

2. Identify quality metrics for your opioid dashboard.



OSP "Quickinar" Schedule: Mark Your Calendars

OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format Thursday, October 21, 2021 | 10:30–11:00 a.m. PT	**Partnering with Pharmacists for ongoing Medication Management** Thursday, February 10, 2022 | 10:30–11:00 a.m. PT
OSP Assessment Overview Thursday, October 28, 2021 | 10:30–11:00 a.m. PT	**Double Trouble: Benzos and Opioids Harm Reduction with Naloxone** Thursday, March 10, 2022 | 10:30–11:00 a.m. PT
Interpreting the OSP Assessment Results/Developing an Action Plan Thursday, November 18, 2021 | 10:30–11:00 a.m. PT	**MAT: Prescribing Buprenorphine** Thursday, April 14, 2022 | 10:30–11:00 a.m. PT
Developing a Dashboard Thursday, December 9, 2021 | 10:30–11:00 a.m. PT	**Getting Patient Buy-in through Education** Thursday, May 12, 2022 | 10:30–11:00 a.m. PT
Screening Patients for OUD Risk and Opioid Withdrawal Thursday, January 13, 2022 | 10:30–11:00 a.m. PT	**Reevaluating Your Program and Celebrating Success** Thursday, May 26, 2022 | 10:30–11:00 a.m. PT
A Good Discharge Plan for Pain Management with Opioids Thursday, January 27, 2022 | 10:30–11:00 a.m. PT	

Register for the entire OSP "Quickinar" series today!

bit.ly/OpioidStewardshipProgramQuickinars

HSAG Health Services Advisory Group

Please Take 5 Seconds and Let Us Know

We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing opioid stewardship practices.

Thank you!

Claudia Kinsella | ckinsella@hsag.com

Jeff Francis | jfrancis@hsag.com




CMS Disclaimer

This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-12082021-01