



# Opioid Stewardship Program (OSP) Quickinar Session 3

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Thursday, November 18, 2021

# Last Session's Action Items

1. Form a team and complete OSP Assessment

2. Enter assessment results into QIIP: <https://qiip.hsag.com>

3. Review a reference listed on the assessment related to one of your gap areas.



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# Opioid Stewardship 101

Holly Geyer  
MD



# Key Questions

- Does Opioid Stewardship impact overdose deaths?
- What is Opioid Stewardship?
- Who needs to be engaged in Opioid Stewardship?
- Is there a right way to execute Opioid Stewardship?

# **An Institutional Response**

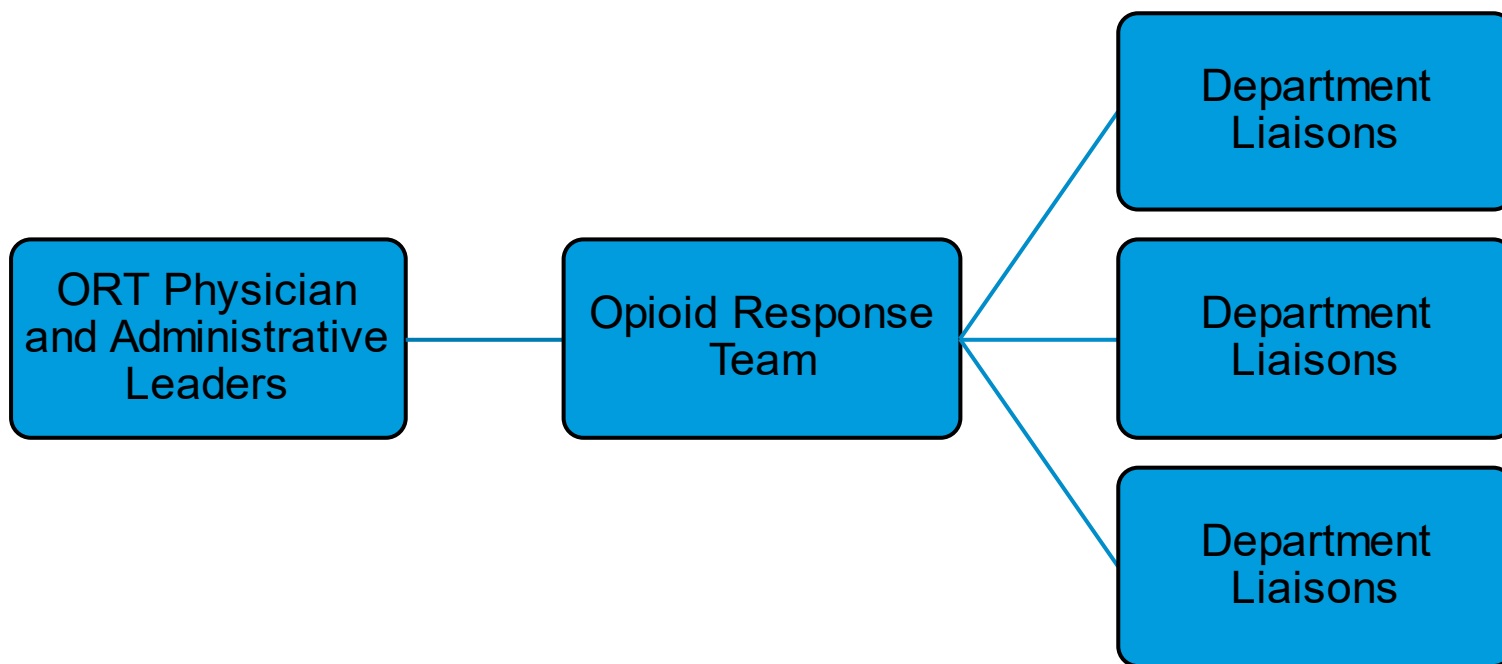


# Mayo Clinic Opioid Stewardship Program Initial Response Team



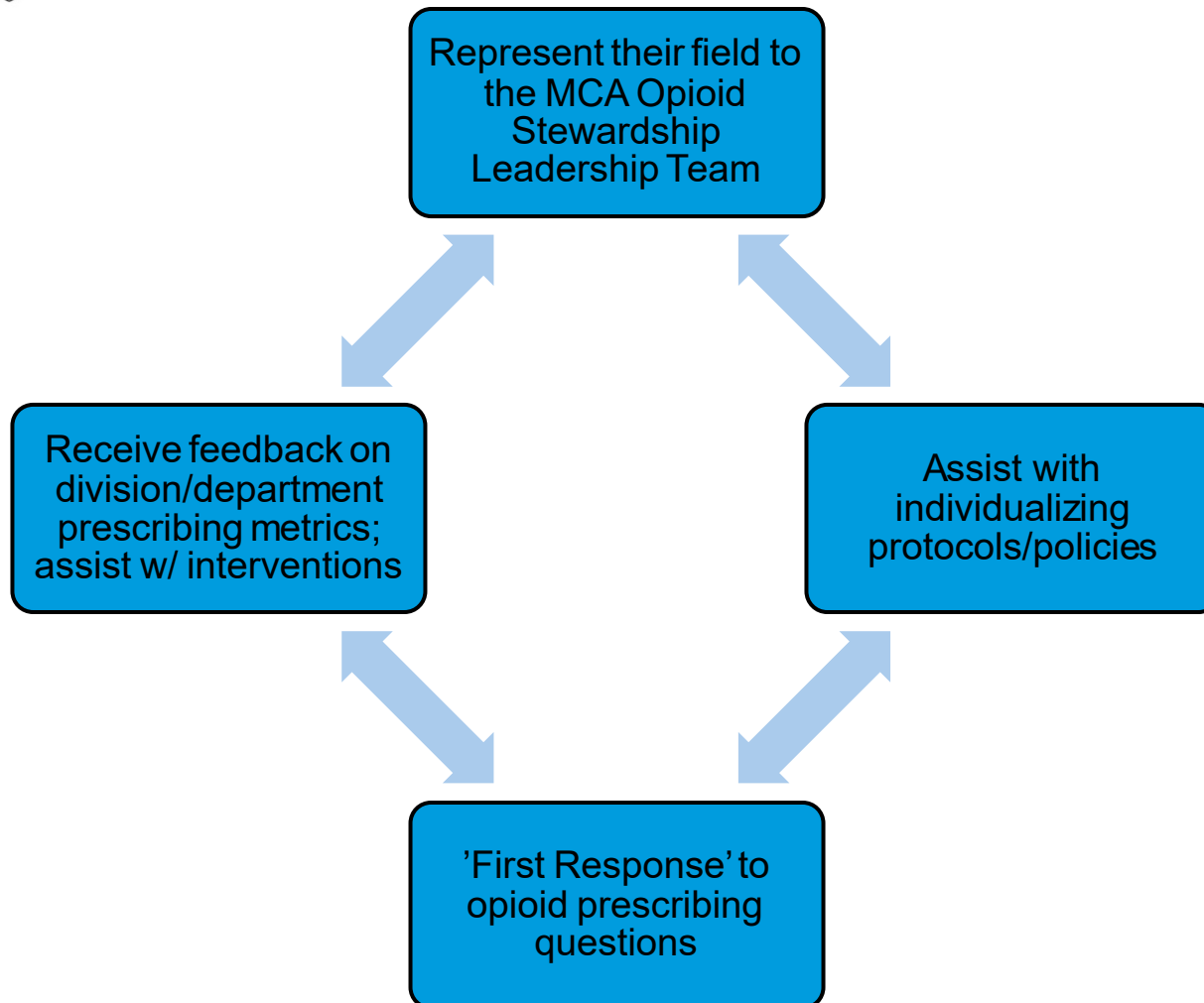


# Mayo Clinic AZ Opioid Team Structure





# Opioid Prescribing Liaison (OPL) Roles





## Kickoff: OPLs are Requested to:

1. Review the Opioid Stewardship Website
2. Host a division/department meeting to review MCA policies
3. Review current division/department prescribing metrics
  - a. Consider % reduction goals
4. Meet with division/department leadership to discuss individualized opioid prescribing protocols (OA, Division Chair/Assoc. Chair)

# OVERPRESCRIBING CONSEQUENCES



# SO WHAT'S THE BIG DEAL?

MISUSE

OPIOID USE DISORDER/ADDICTION

CHRONIC PAIN  
AMPLIFICATION

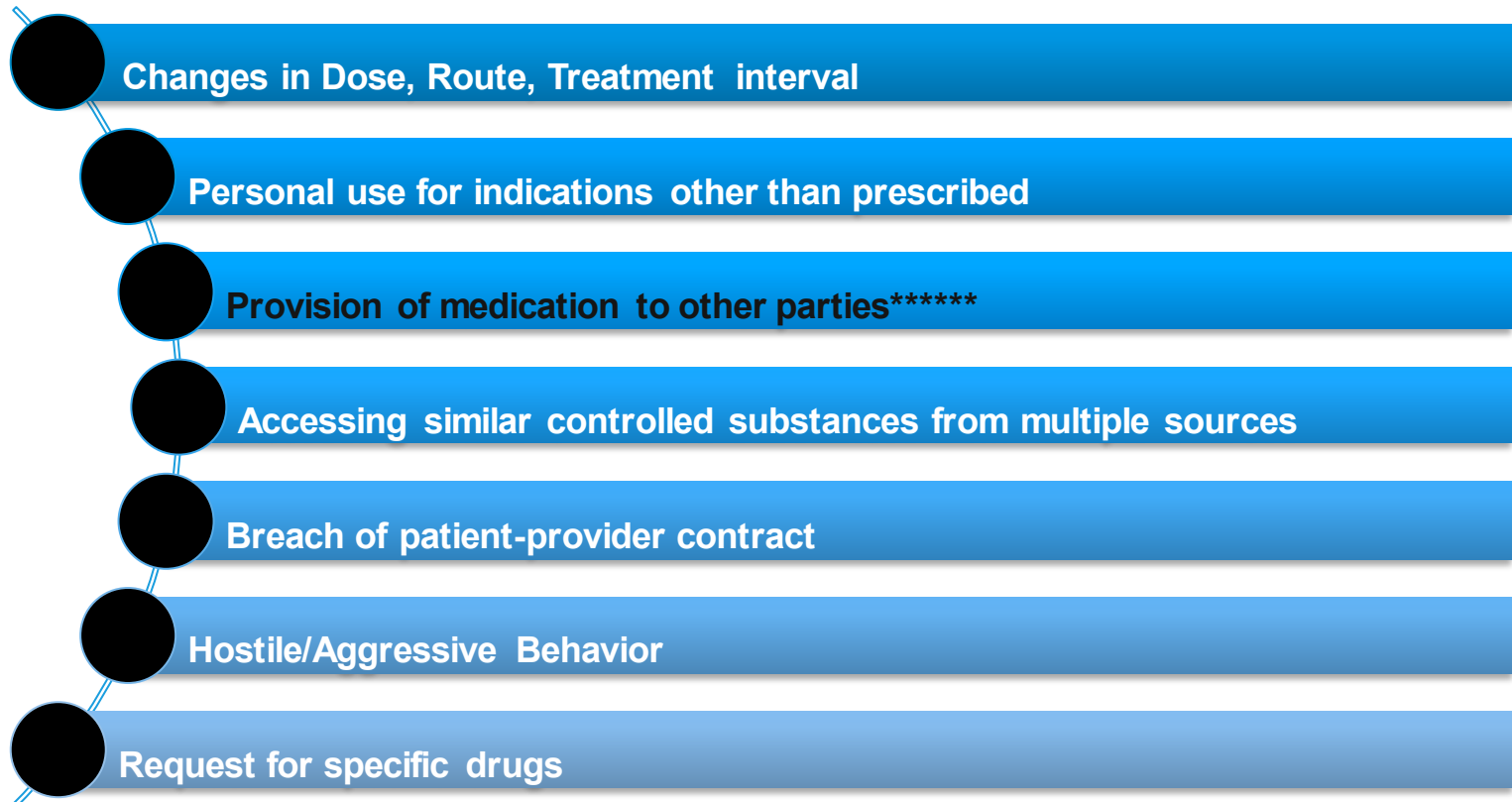
NON-FATAL OVERDOSE

DIVERSION

DEATH

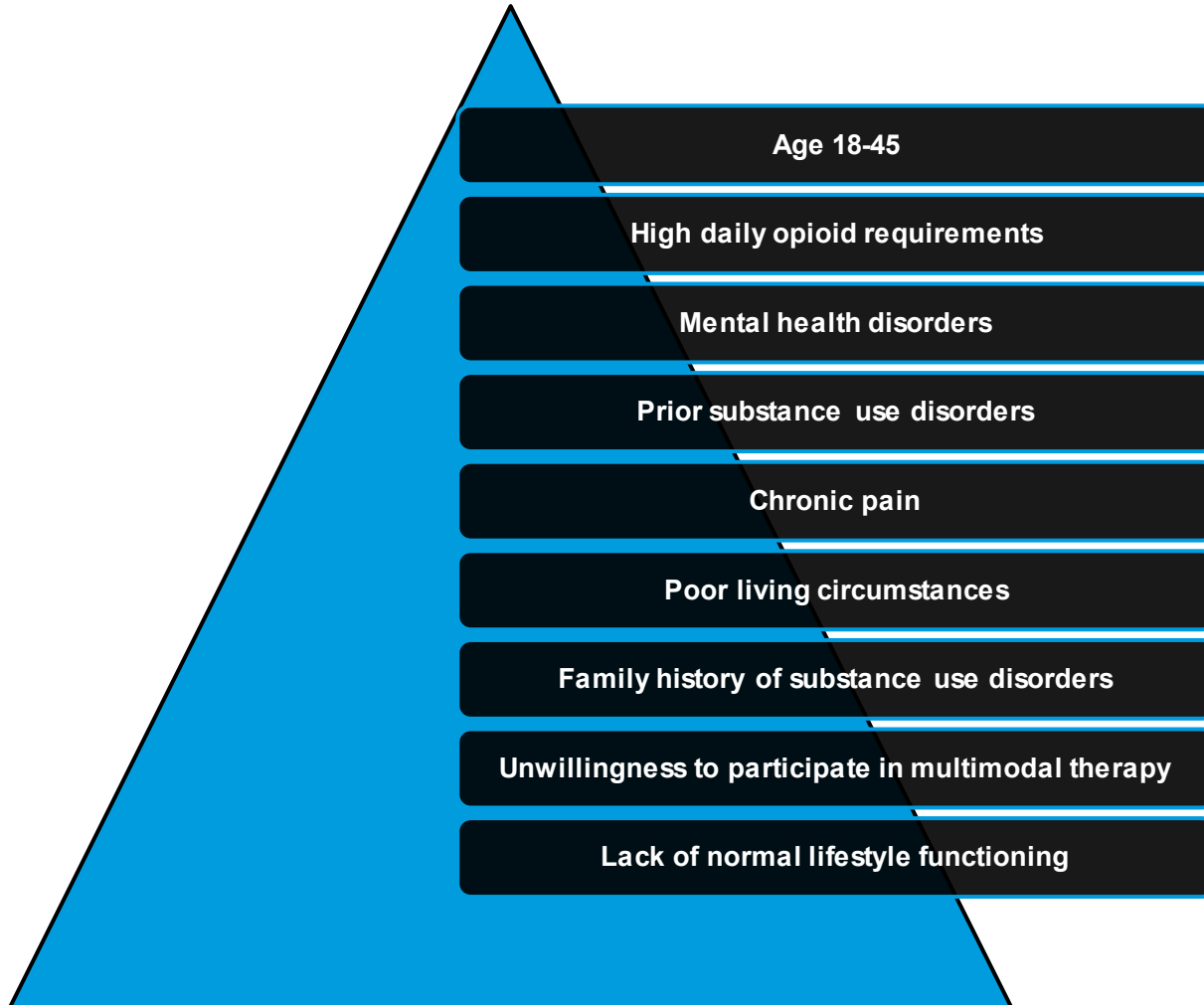
# Concerns for Opioid Misuse?

- What **ISN'T** misuse:
  - **Tolerance or Withdrawal = Dependence**
- What **MAY BE** misuse?



# Risk Factors for Misuse

- Characteristics that may place patients at risk for misuse include:



## Is this Addiction?

- Misuse may represent **Addiction**
- ‘Addiction’ as a term replaced by **Opioid Use Disorder (OUD)**

“Addiction is a primary chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic **biological, psychological, social and spiritual manifestations**”

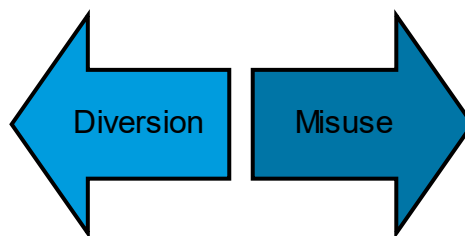
*-Definition from: American Society of Addiction Medicine*



# Prescribing for patients with OUD

- OUD is diagnosed by DSMV
- If addiction is suspected, refer patient to:
  - Treatment Programs
  - Addiction Medicine/Addiction Psychiatry
- Goal is to establish patient on MAT (buprenorphine, naltrexone, methadone)
  - *90% of patients that discontinue opioids w/o MAT will be on opioids again at 1 year*

**DO NOT PRESCRIBE**



**USE JUDGEMENT: EARLY REFERRAL, CONSIDER BRIDGING w/ OPIOIDS TILL TREATMENT VISIT; GET DEA-X CERTIFIED FOR BUPRENORPHINE**

**Remember:** *Your therapeutic relationship may be their last line of defense from an illicit overdose*

# Acute Prescribing Recommendations

## INPATIENT & OUTPATIENT WORKFLOW

### Complete History and Physical

- Tried Therapies
- Treatment Goals

### Complete the Opioid Risk Tool (ORT)

### Risk/Benefit Discussion (Patient Handouts)

### Review PDMP

### Document Encounter



#### **EXCEPTIONS:**

- Active malignancy/hospice/palliative care
- Changing prescriptions within 3 days of previous prescription
- Outpatient procedures (Administration of opioids, only)
- Emergency services (Administration of opioids, only)



# Acute Prescribing Recommendations

## 3 DAY LIMIT



- For most medical illnesses
- Limit entire prescription to 100 MME
- Reassess in <7 days before refilling

## 7 DAY LIMIT



- For severe medical illnesses, major surgery, trauma w/ high pain expectations
- Limit entire prescription to 200 MME
- Reassess in <7 days before refilling



# Consider Harnessing the EMR

- Prescribing duration limits within EPIC
- Gives dosing limits for various prescription scenarios

oxyCODONE (ROXICODONE) 5 mg immediate release tablet 🔍 ✓ Accept ✗ Cancel Remove

Take 1 tablet (5 mg total) by mouth every 4 (four) hours for Acute Pain .  
Print, Disp-12 tablet, R-0

Reference Links: 1. Micromedex 2. Mayo Clinic Formulary 3. Opioid Guidelines-Ask Mayo Expert

Order Inst.: When opioids are indicated, guidelines for acute pain are for a short duration i.e. 3 days (rarely .....)

Product: **OXYCODONE 5 MG TABLET** View Available Strengths

Sig Method: Specify Dose, Route, Frequency Use Free Text

Dose: 5 mg 5 mg

Prescribed Dose: 5 mg  
Prescribed Amount: 1 tablet  
Maximum MEDD: 45 mg MEDD

Route: oral oral gastric tube small bowel tube

Frequency: Every 4 hours Q3H PRN Q4H PRN Q6H PRN

Duration: 3 days  
📅 Doses Days

Starting: 8/29/2018 📅 Ending: 📅 First Fill: 📅

Mark ☐ OXYCODONE HCL  
long-term:

Patient Sig: Take 1 tablet (5 mg total) by mouth every 4 (four) hours for Acute Pain .

+ Add additional information to the patient sig

# Patient Counseling

- The opioid crisis requires a change in:

***Pain Management Mindset***

**Elimination  
of Pain**



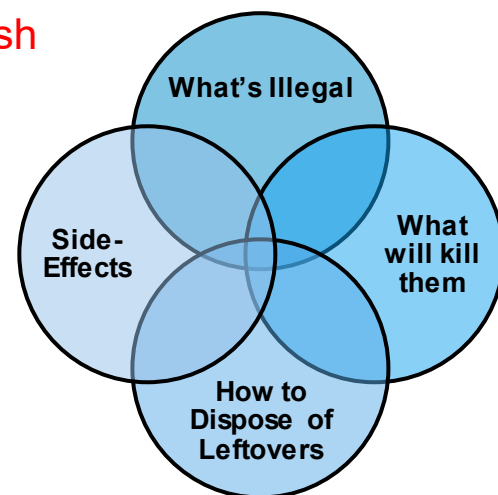
**Function  
with Pain**

- Mechanism:
  - Patient Education
  - Nursing Assessment
  - Provider Response
  - Institutional Expectations
  - National Requirements (1/2018 JCO Guidelines)



# Patient Counseling

- Instruct patients not to crush, dissolve or chew tablets/capsules
  - This may result in fatal overdose
- Give instructions on how to handle missed doses if not PRN
- **STOP TAKING** when symptoms controlled (**They don't need to finish the bottle!**)
- Diverting medications to friends/family is illegal and can lead to death
- Get drugs out of the house when done
- Dispose by:
  - Mixing them with unpalatable substances such as kitty litter, used coffee grounds, my cooking
  - Scratch all personal information off empty pill bottle.
  - Drop off at CVS
  - Per FDA, ok to flush them!



# Naloxone

- For High-Risk Patients
  - Baseline cardiopulmonary conditions, Liver/Kidney dysfunction
  - Hx of overdose
  - >50 MME/day
- EDUCATE, EDUCATE, EDUCATE: **EVERYONE**-friends, family and the patient
- No longer need a prescription!
- Remember-lasts 30-90 min
  - Synthetics may take a MUCH bigger dose to jumpstart/maintain response



# SAFE ADMINISTRATION OF OPIOIDS



# Suggested Best Practices for Administering Opioids in the Hospital

## SCREEN INDICATIONS

Limit opioid use to patients with severe to moderate pain.

Check the PDMP before administering opioids.

## MAKE IT MULTIMODAL

Prescribe opioids as part of a structured multi-modal pain management care plan.

Always have non-opioid medications and non-pharmacological options (PT/OT).

## NO CAUSE=NO OPIOIDS

Use of opioids for pain without an explained cause is not recommended.

## Treat Resourcefully

Use the lowest effective opioid dose for the shortest duration possible.

Avoid having multiple PRN opioids available for pain management.

## THINK SHORT

Use only immediate-release formulations for acute pain, avoid initiation of long-acting or extended-release formulations.

## USE ORAL OPIOIDS

Oral routes of administration should be used whenever possible. IV/IM opioids should be restricted to situations where the patient:

- Is NPO
- Has malabsorption
- Needs short-term immediate pain control or dose titration is required.

# Suggested Best Practices for Administering Opioids in the Hospital

## GET BACK TO BASELINE

Try to wean back to home opioid dose prior to d/c.

## THINK SIDE-EFFECTS

Ensure a bowel regimen is available on all patients receiving opioids and avoid fiber.

Offer naloxone to high risk patients (Hx of overdose, MME>50/prescription, organ dysfunction).

## CALL A FRIEND

Consider engaging pain management for patients with:

- High OME requirements (>90 MME/day)
- Hx of Buprenorphine and/or methadone use
- Possible interventional procedures

## DON'T BE THE OVERDOSE

Limit co-administration of opioids with other medications that act as central nervous system depressants to the best extent possible.

This includes benzodiazepines, muscle relaxants, antihistamines, 'sleepers' and other sedatives.

## WATCH FOR OUD

Monitor for frequent requests for other sedating medications including:

- IV Benadryl
- IV Phenergan

Other warnings: Behavioral issues, requests for specific opioids or routes, frequent hospitalizations/ER visit where opioids are delivered

## WE'RE NOT REFILL PEOPLE

Avoid refilling opioid prescriptions and have close outpatient follow-up with service responsible for managing disorder.



# Metrics 101

- *Rule 1: Determine low-hanging fruit*
  - Can the EMR deliver?
  - Where are you seeing your biggest problems?
- *AHA Stem the Tide Resource Guides*
- **Mayo Suggestions:**
  - Increase in PDMP utilization prior to opioid Rx
  - Increase in naloxone prescription for opioid Rx's or for patients on > 90 MED
  - Decrease benzodiazepine-opioid co-prescribing



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# Thank you!

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Rochester, Minnesota

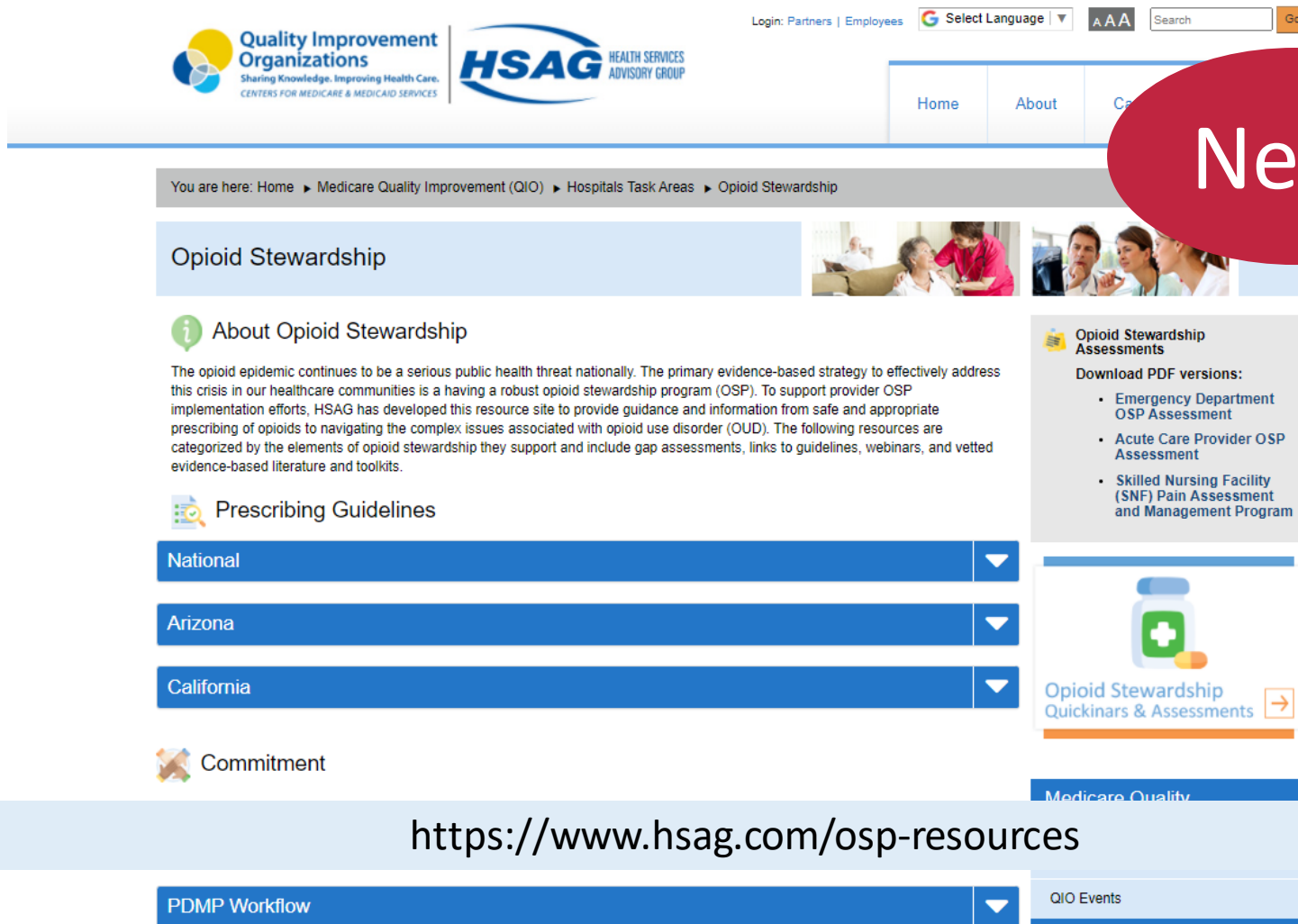


Phoenix, Arizona



Jacksonville, Florida

# Opioid Stewardship Resource Site



The screenshot shows the HSAG (Health Services Advisory Group) website. At the top, there are logos for Quality Improvement Organizations and HSAG, along with navigation links like 'Login: Partners | Employees', 'Select Language', and a search bar. A large red oval with the word 'New!' is overlaid on the right side. The main content area is titled 'Opioid Stewardship' and includes a breadcrumb trail: 'You are here: Home ► Medicare Quality Improvement (QIO) ► Hospitals Task Areas ► Opioid Stewardship'. Below this, there's a section 'About Opioid Stewardship' with an information icon and a paragraph explaining the opioid epidemic and the purpose of the resource site. To the right, there's a box for 'Opioid Stewardship Assessments' with a list of downloadable PDF versions: 'Emergency Department OSP Assessment', 'Acute Care Provider OSP Assessment', and 'Skilled Nursing Facility (SNF) Pain Assessment and Management Program'. Below the 'About' section, there's a 'Prescribing Guidelines' section with three dropdown menus for 'National', 'Arizona', and 'California'. Further down, there's a 'Commitment' section with a puzzle piece icon. At the bottom, there's a 'PDMP Workflow' dropdown menu and a 'QIO Events' link. The URL 'https://www.hsag.com/osp-resources' is displayed in the center of the page.

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Home About Ca

You are here: Home ► Medicare Quality Improvement (QIO) ► Hospitals Task Areas ► Opioid Stewardship

## Opioid Stewardship

 About Opioid Stewardship


The opioid epidemic continues to be a serious public health threat nationally. The primary evidence-based strategy to effectively address this crisis in our healthcare communities is a having a robust opioid stewardship program (OSP). To support provider OSP implementation efforts, HSAG has developed this resource site to provide guidance and information from safe and appropriate prescribing of opioids to navigating the complex issues associated with opioid use disorder (OUD). The following resources are categorized by the elements of opioid stewardship they support and include gap assessments, links to guidelines, webinars, and vetted evidence-based literature and toolkits.


 Prescribing Guidelines

National ▼

Arizona ▼


California ▼

 Commitment

 Opioid Stewardship Assessments

Download PDF versions:

- Emergency Department OSP Assessment
- Acute Care Provider OSP Assessment
- Skilled Nursing Facility (SNF) Pain Assessment and Management Program

 Opioid Stewardship Quickinars & Assessments →

Medicare Quality

PDMP Workflow ▼

QIO Events

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

# Action Items by Next Quickinar (12/9/2021)

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

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



# 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](https://bit.ly/OpioidStewardshipProgramQuickinars)



# 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!

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