Prescribing opioids for chronic pain

Addressing the U.S. opioid crisis while treating patients’ pain

Patients living with chronic pain often depend on opioids to relieve their symptoms. As the opioid crisis continues, health care providers are focused on changing prescribing habits to curb abuse and providing education about opioid dangers. In 2016, the Centers for Disease Control and Prevention (CDC) issued guidelines to help providers reduce the amount of opioids being prescribed. This collaborative focused on adhering to those guidelines while still treating chronic pain patients safely.

Opportunity

Twenty-one participating Vizient® member organizations focused on adopting the newly-issued CDC Guideline for Prescribing Opioids for Chronic Pain by revising or implementing their opioid stewardship practices. This included improving adherence to standardized prescribing guidelines, increasing patient monitoring, employing electronic medical records (EMRs) to improve adherence to leading practices and incorporating electronic health monitoring tools in team-based care models to reduce opioid usage.

Key recommendations from the collaborative

A number of key strategies emerged from the collaborative:

• Place the focus on patients, not on opioid usage
• Standardize and ensure consistent application of patient assessment processes
• Provide or expand access to specialized pain management services for complex pain patients
• Obtain relevant data on opioid usage, keep them current and make them readily available

Overall collaborative results

During the collaborative time frame, the opioid epidemic was declared a public health crisis by President Donald Trump, while the CDC reported a 30 percent increase in overdoses from 2016 to 2017.1 Like many other U.S. health care providers on the frontlines of the epidemic, the majority of collaborative participants saw little improvement in the defined metrics despite their intensive work. However, they showed great progress in establishing the foundation needed for ongoing opioid stewardship. The majority of project teams focused their work in one of the following areas:

• Optimizing inpatient opioid use
• Optimizing emergency department opioid prescribing
• Implementing naloxone programs
• Establishing an opioid prescribing policy in ambulatory care clinics
• Developing dashboards for monitoring opioid usage
• Developing good opioid stewardship practices during care transitions
During the member presentations, three health care systems demonstrated how their participation in the collaborative helped them to establish or enhance opioid stewardship at their institutions using the CDC guidelines. Blessing Hospital focused on prescribing practices; UC Davis Health focused on using the EMR to lower opioid prescribing; and Parkland Health & Hospital System’s work centered on education, compliance and good documentation practices within its EMR.

**Blessing Hospital**
Blessing Hospital’s team was able to decrease its opioid prescribing by using data to drive meaningful conversations with providers about their prescribing practices. Providers who had higher prescribing rates responded to the data and education provided by the collaborative team and reduced their prescribing rates.

**UC Davis Health**
UC Davis was able to initiate a new policy and EMR enhancements at primary care sites that focused on patients within an opioid registry who were taking long-acting opioids for three months or longer. Through provider education, enhanced technology and care redesign that enabled pre-visit planning with patients on the health system’s opioid registry, UC Davis was able to dramatically increase compliance to ensure patients have an opioid agreement form in place, along with regular urine toxicology screenings.

**Parkland Health & Hospital System**
Parkland’s multidisciplinary opioid stewardship team worked to ensure the health system’s compliance with the new CDC guidelines as well as new Texas State Medical Board requirements for opioid stewardship. Its collaborative work included using the EMR to improve the capture of informed consent forms and patient medication agreements, creating a new visit type that increased the monitoring of patients on long-term opioids, and creating an opioid risk tool and addiction behaviors checklist for providers to use when talking with patients. The team also focused on provider education to implement new EMR enhancements and policies around opioid stewardship.