

BID-Plymouth ED Opioid Reduction Program

Kimberly Scheub, MD Chief of Emergency Medicine Scott Fairfield, MD Associate Chief of Emergency Medicine

BID-Plymouth

Introduction/Problem

- Despite the fact that emergency physicians (EP's) overall account for a small proportion of total opioids prescribed in the U.S., the number of prescriptions has risen dramatically in the past decade and to some degree contributes to the available supply of opioids in the community, some of which are diverted for non-medical use. EPs are high frequency prescribers. According to a recent study, 17% of all discharged patients in a one week sample of 19 EDs received a prescription for an opioid analgesic.
- We measured baseline opioid prescribing on the individual level by provider Oct/Nov/Dec 15 and compared that to Jul/Aug/Sep 16 for fulltime providers after revision of prescribing goals. The data supported significant success in reducing prescribing trends.

Aim/Goal

- MHA Guidelines for ED Opioid Management were disseminated in Feb 2015 and the Mass Opioid Prescribing Law approved in Mar 2016. We reviewed expectations to comply with both recommendations and promoted utilization of multimodal analgesia where indicated
- Data from Oct/Nov/Dec 15 to Jul/Aug/Sep 16 demonstrated a 48.3% decrease in Opioid Rx/Pt Seen and a 15.7% decrease in number of tablets/Rx. We instituted ongoing re-enforcement of pain management at staff meetings and collection of data to sustain initial improvements
- Previous assessment included ED Physicians only. Current data to include NPs and PAs
- Provide individual physician prescribing trends as compared to their peers with a goal to decrease the number of opioid Rx/Pt seen as well as the number of tablets/Rx.

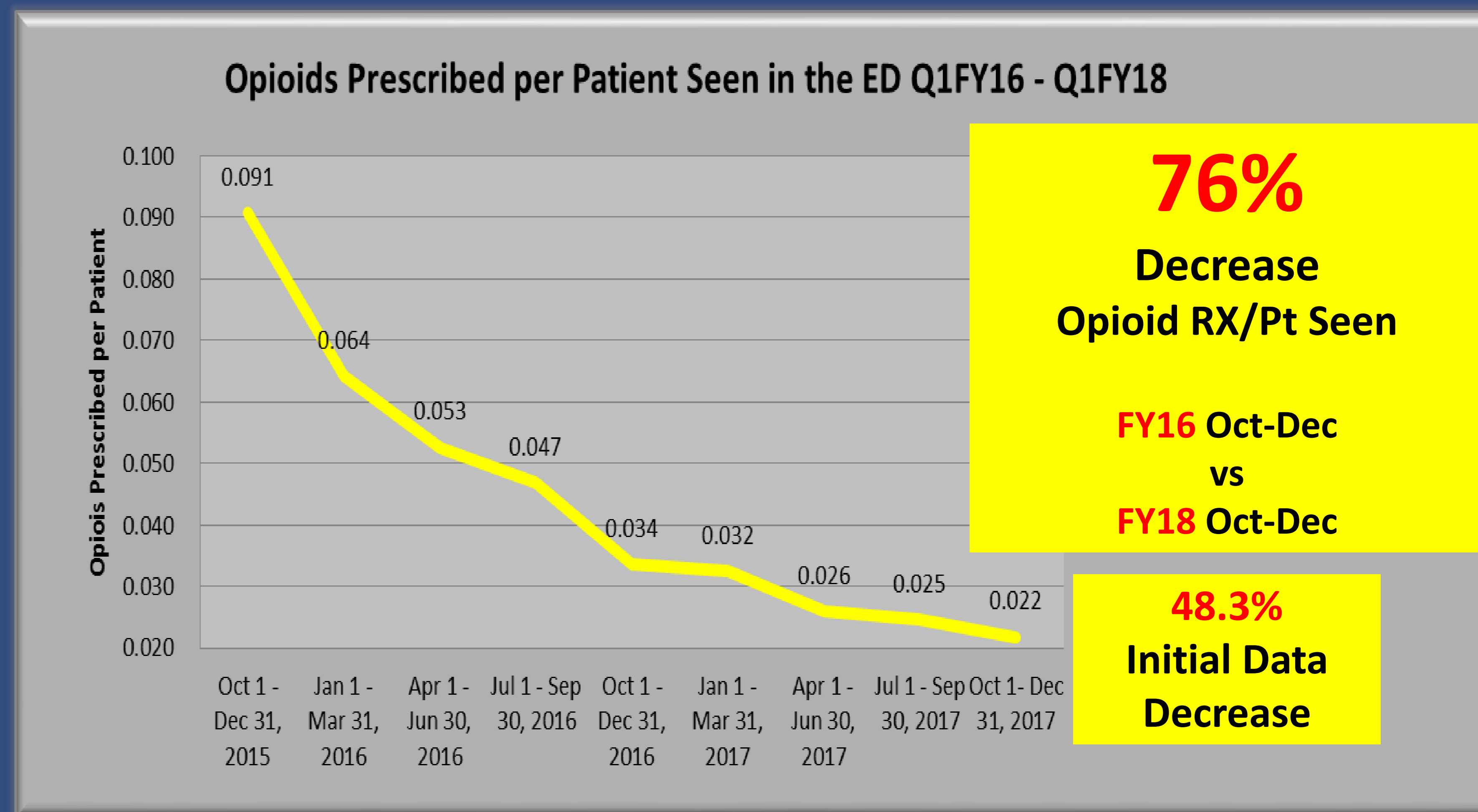
The Team

- Kimberly Scheub, MD, BID-Plymouth Chief of Emergency Medicine
- Scott Fairfield, MD, BID-Plymouth Associate Chief of Emergency Medicine
- Peter Smulowitz, MD, BID-Needham, Chief of Emergency Medicine
- Susan Connolly, MBA, BID-Plymouth Practice Manager
- James A. Berghelli, R.Ph.MS, Director, Clinical Integration, Co-Chair Pain Stewardship
- Benjamin Moor, MD, Medical Director, Pain Clinic, Co-Chair Pain Stewardship Committee

The Interventions

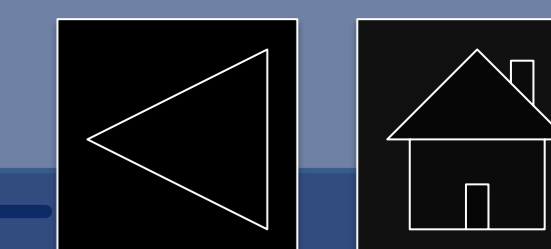
- Initially we provided baseline prescribing data to each individual physician and compared them to their blinded peer group. On a monthly basis feedback to each physician of their individual prescription practices compared to their blinded peers.
- ED Allied Health Providers (NPs and PAs) were added to the process
- Promoted compliance with MHA Guidelines and Mass Opioid Law
- Focused utilization of multimodal analgesia for acute and chronic pain management
- Ie. Recent Protocol for IV and IntraNasal Low-Dose Ketamine for Analgesia

Results/Progress to Date



For more information, contact:

James A. Berghelli, R. Ph., MS, Director, Clinical Integration. jberghelli@bidplymouth.org

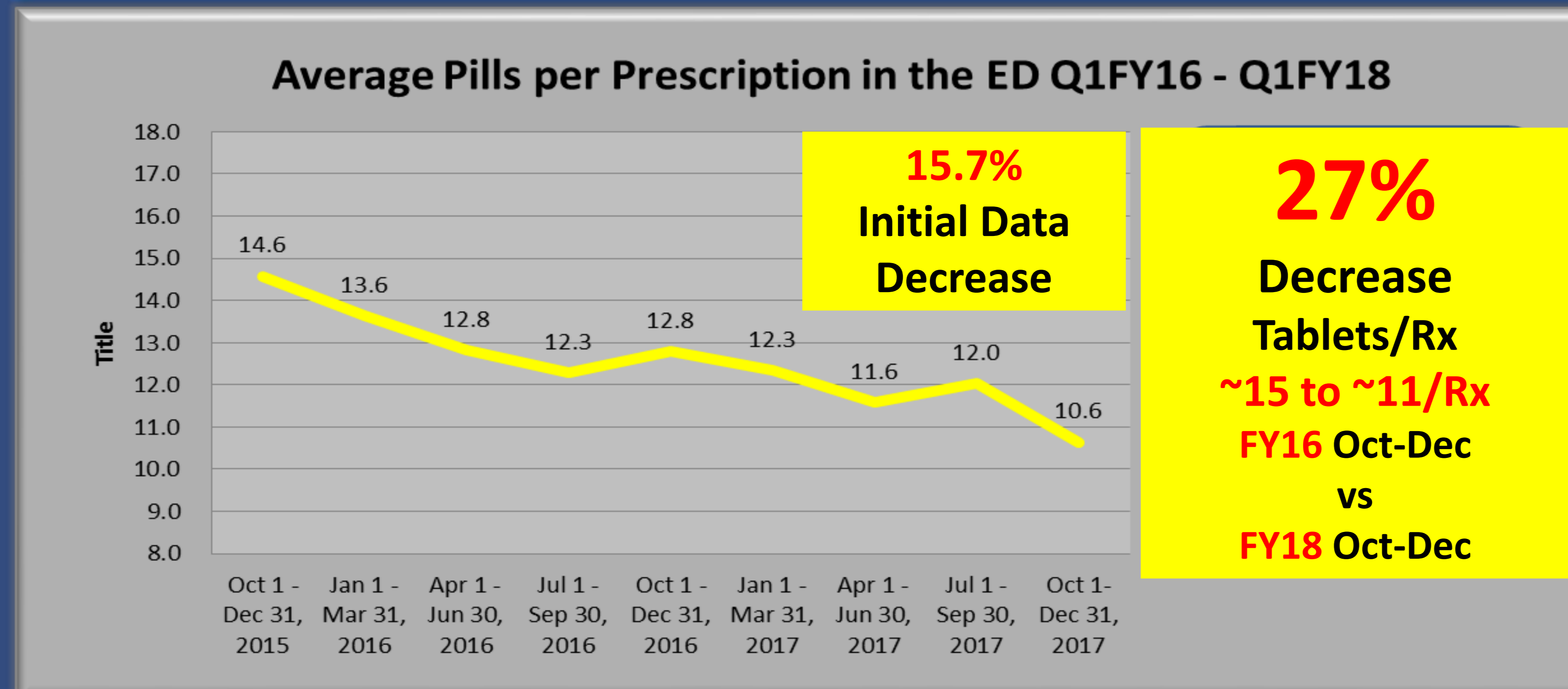
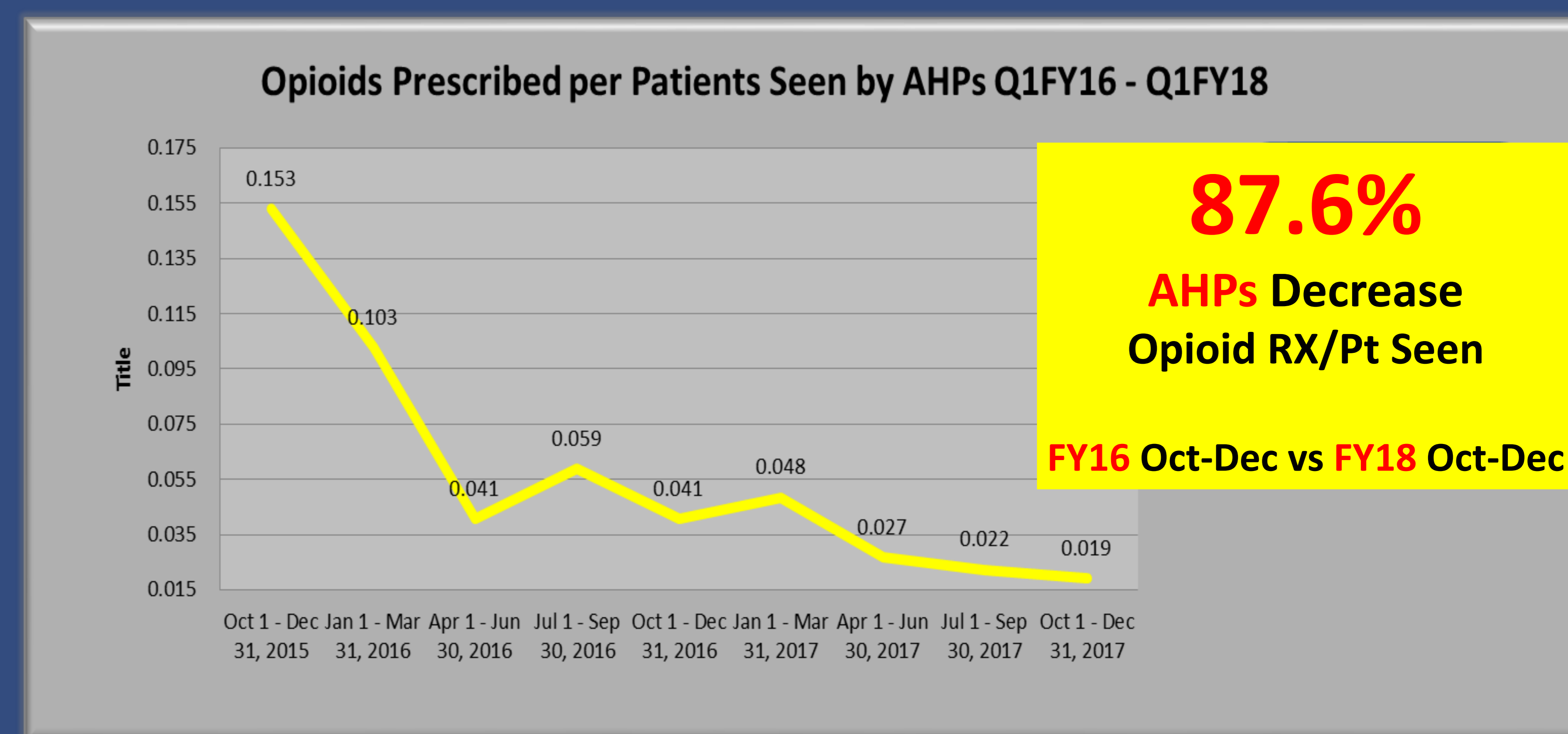
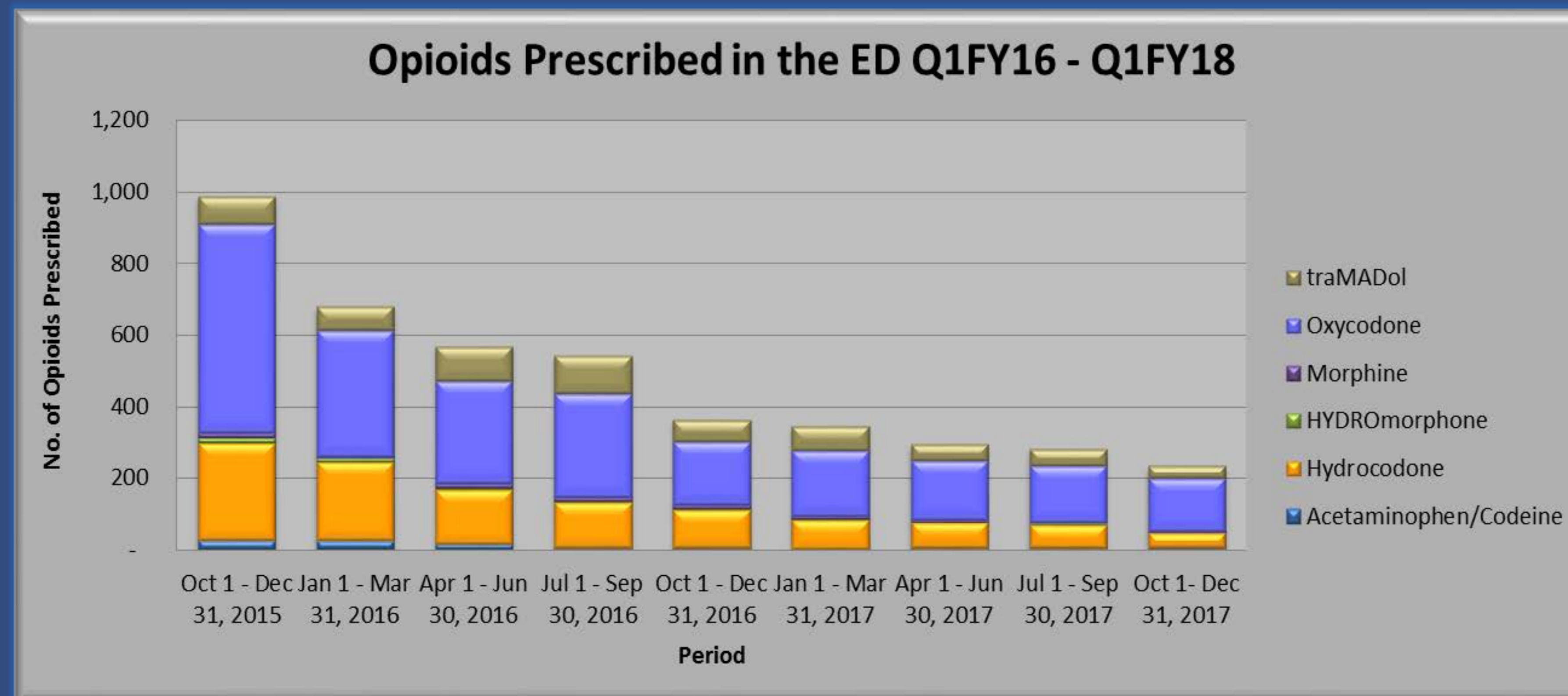


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More Results/Progress to Date



Lessons Learned

- That by simply sharing individual opioid prescribing data and comparing physicians to their peer group that prescribing practices can be changed.
- Since implementation of the program in 2016 we have seen a continuous reduction Opioid RX/Pt seen as well as decrease in Number of tablets/Rx
- Outlier providers have demonstrated improvement toward prescribing goals

Next Steps

- Continue monthly feedback to all ED Providers
- Promote utilization of Multimodal Analgesia as foundation of Pain Management

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