EQIC OPIOID "ROADE" WORK

Reducing **O**pioid **A**dverse **D**rug **E**vents

Kickoff webinar

July 27, 2021

ROADE Work: Reducing Opioid Adverse Drug Events

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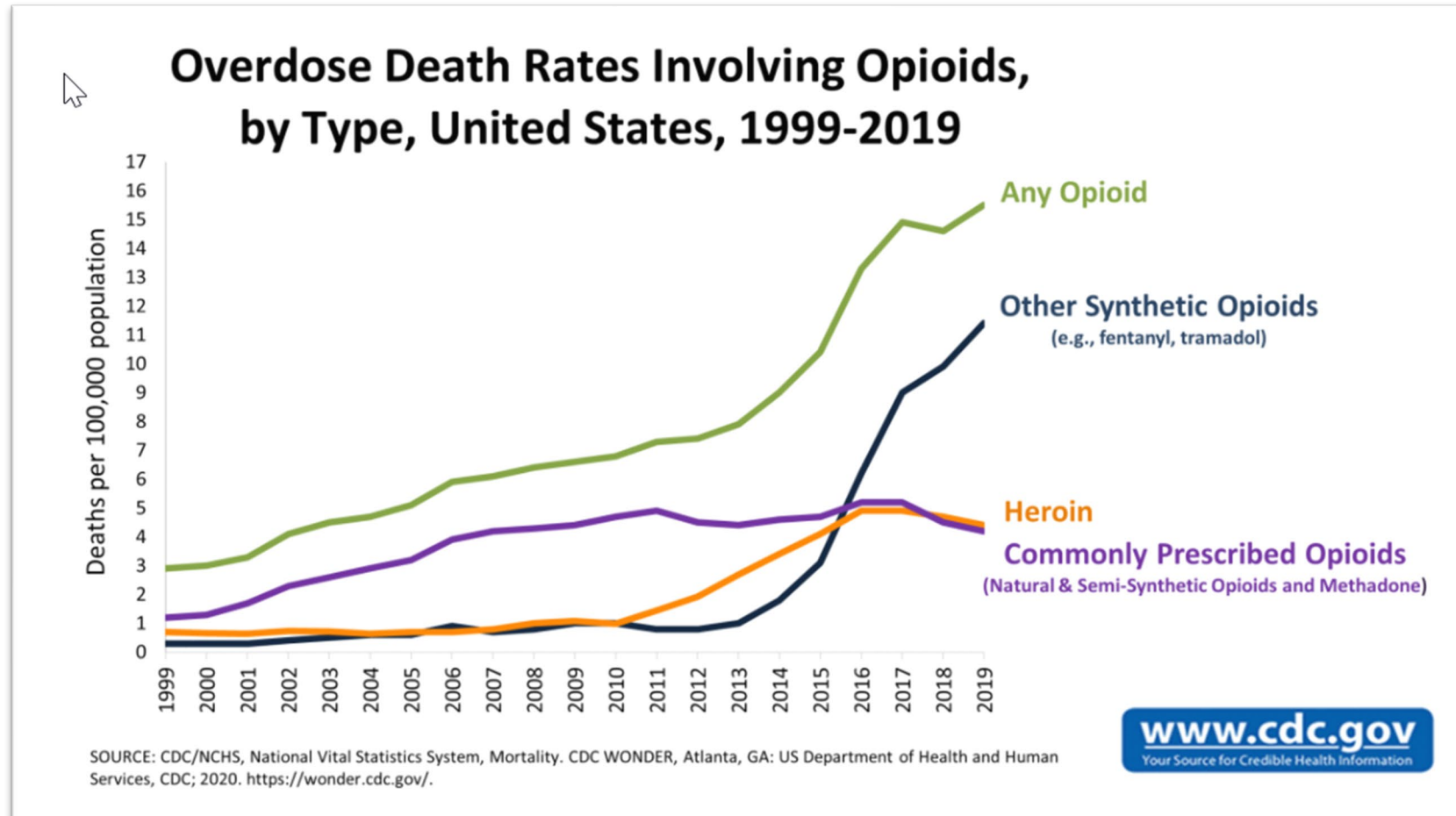EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE
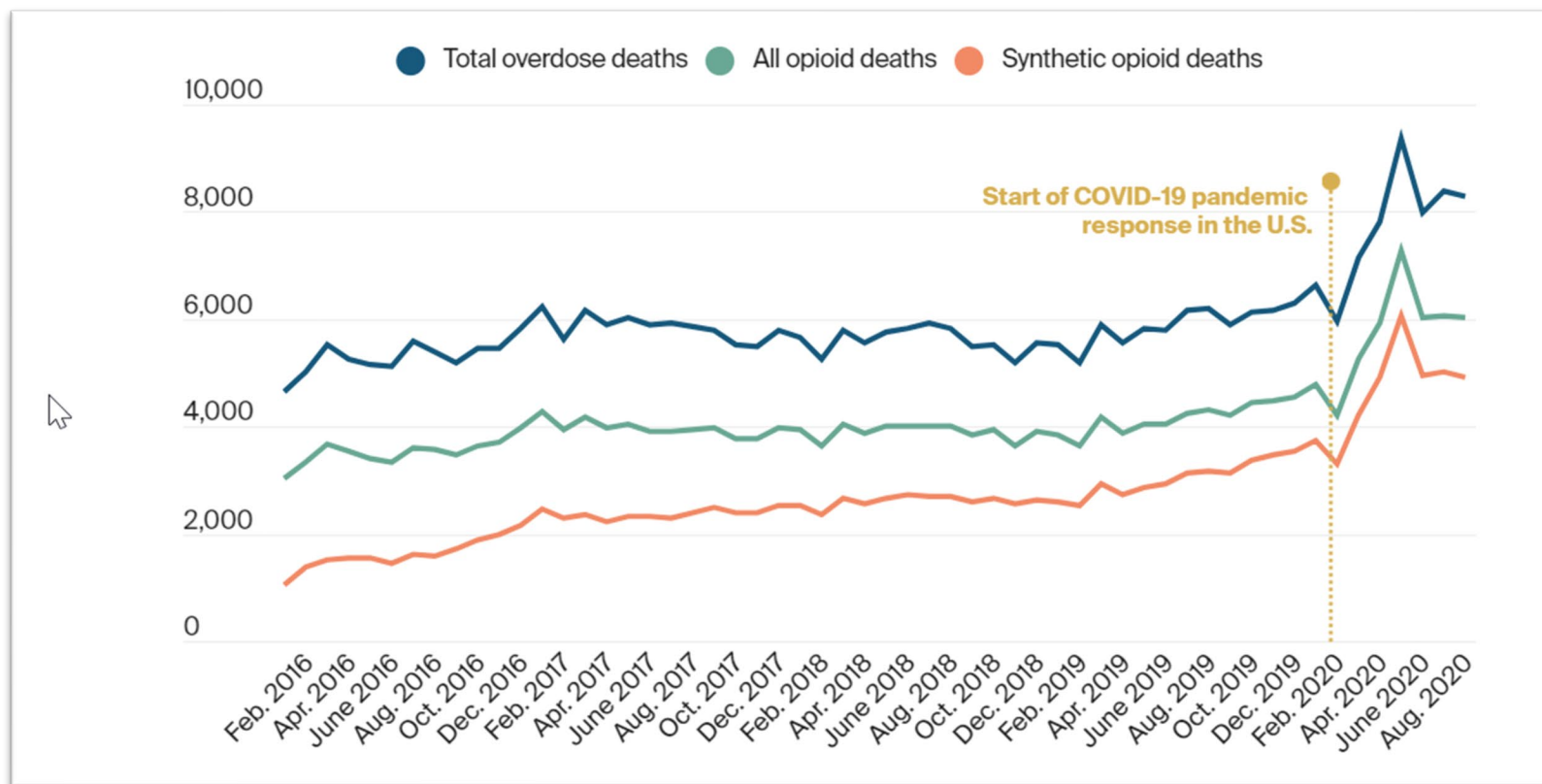
Objectives/Agenda

- Describe the importance of the opioid crisis and understand the nationwide statistics

- Discuss the EQIC approach to reducing opioid prescribing and ADEs

- Prepare the hospitals to evaluate current state and develop an action plan

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Understanding the statistics

Overdose death rates by opioid type

Overdose Death Rates Involving Opioids, by Type, United States, 1999-2019

Any Opioid

Other Synthetic Opioids
(e.g., fentanyl, tramadol)

Heroin

Commonly Prescribed Opioids
(Natural & Semi-Synthetic Opioids and Methadone)

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2020. https://wonder.cdc.gov/.

www.cdc.gov
Your Source for Credible Health Information

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Monthly drug overdose deaths

Total overdose deaths • **All opioid deaths** • **Synthetic opioid deaths**

Start of COVID-19 pandemic response in the U.S.

Note: Synthetic opioid deaths exclude those from methadone. Specific drug-class deaths are not mutually exclusive.

Data: Final 2016–2019 monthly totals: CDC WONDER; Estimated 2020 monthly totals: Calculations based on National Vital Statistics System Provisional Drug Overdose Death Counts, CDC WONDER.

Source: Jesse C. Baumgartner and David C. Radley, "The Spike in Drug Overdose Deaths During the COVID-19 Pandemic and Policy Options to Move Forward," *To the Point* (blog), Mar. 25, 2021. https://doi.org/10.26099/gyf5-3z49

93,331 reported deaths from overdoses in 2020, up from 70,980 the year before, marking the largest annual increase in at least 50 years.
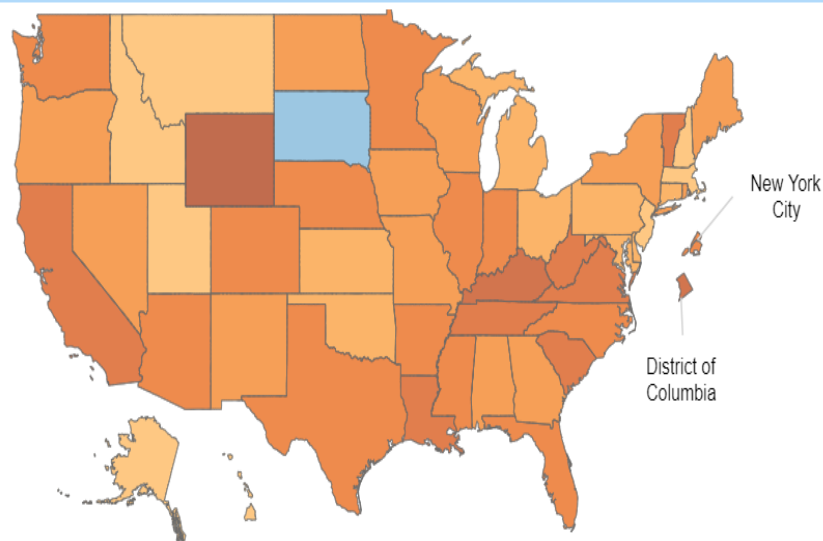
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Opioid overdose deaths by race/ethnicity
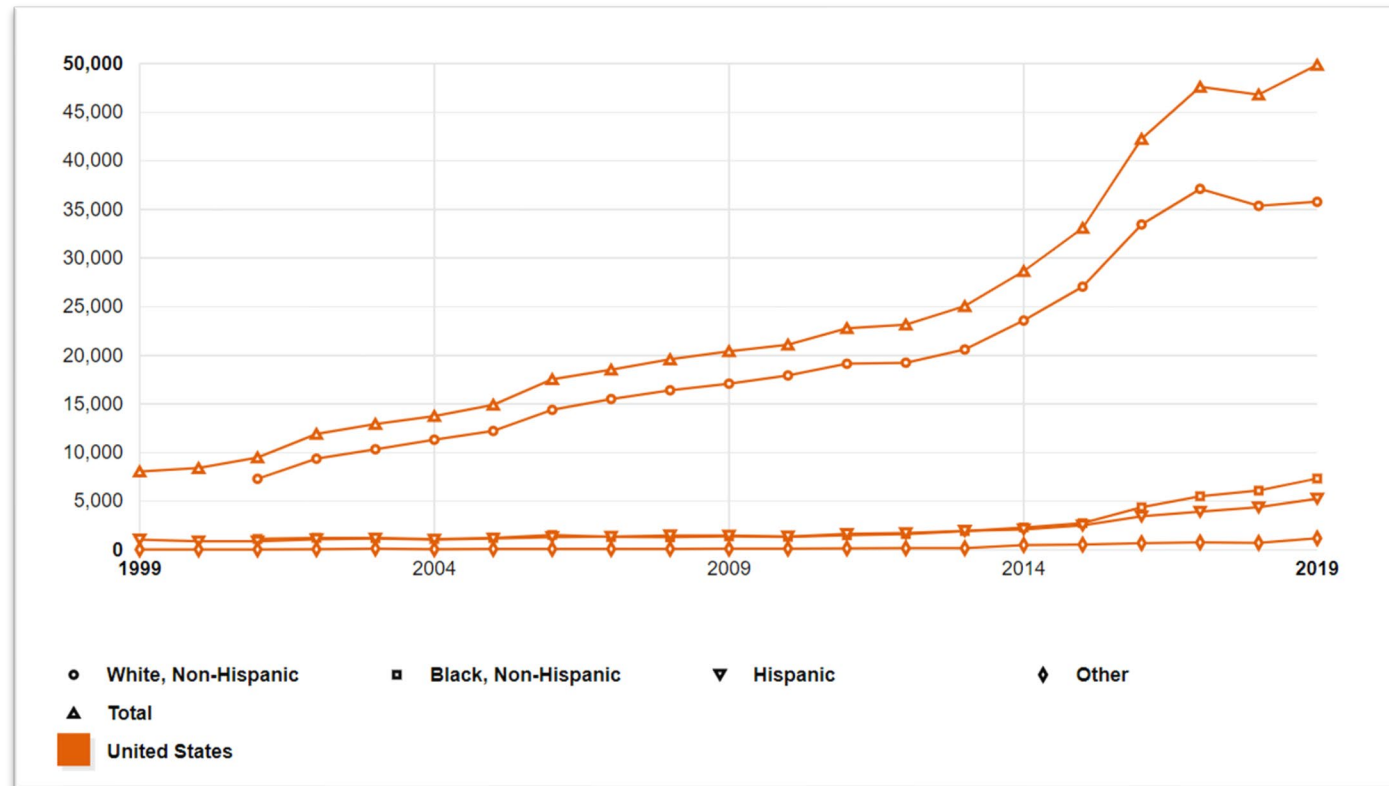
KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 2021. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html on February 26, 2021.

Drug overdose deaths by jurisdiction

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: November 2019 to November 2020

Select predicted or reported number of deaths
- ⦿ Predicted
- ◯ Reported

New York City

District of Columbia

Percent Change for United States

29.4 ▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods

-21.1 ——— 84.4

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020

Select predicted or reported number of deaths
- ⦿ Predicted
- ◯ Reported
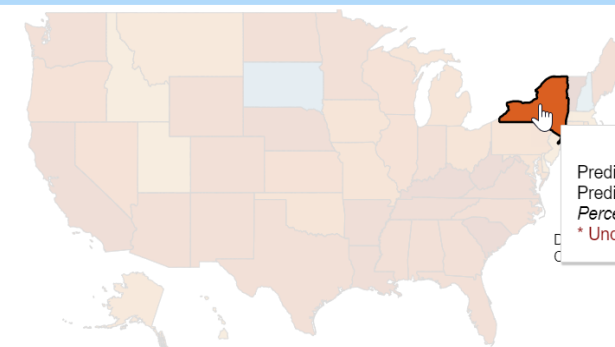
New York

New York
Predicted cases, December 2020: **3,000**
Predicted cases, December 2019: **2,267**
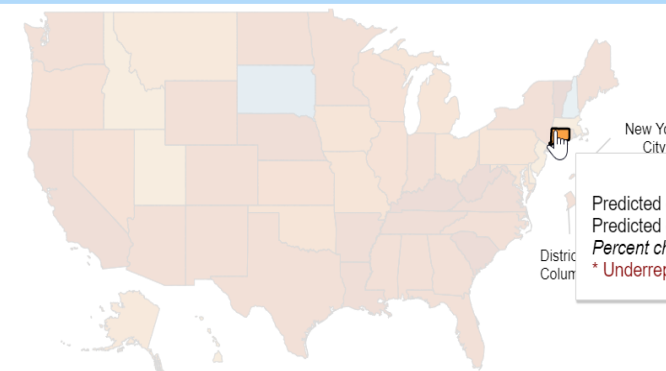*Percent change:* *32.3*
* Underreported due to incomplete data.

29.4 ▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods

-15.9 ——— 63.6

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020

Select predicted or reported number of deaths
- ⦿ Predicted
- ◯ Reported

New York City

Connecticut
Predicted cases, December 2020: **1,385**
Predicted cases, December 2019: **1,251**
Percent change: *10.7*
* Underreported due to incomplete data.

29.4 ▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods

-15.9 ——— 63.6

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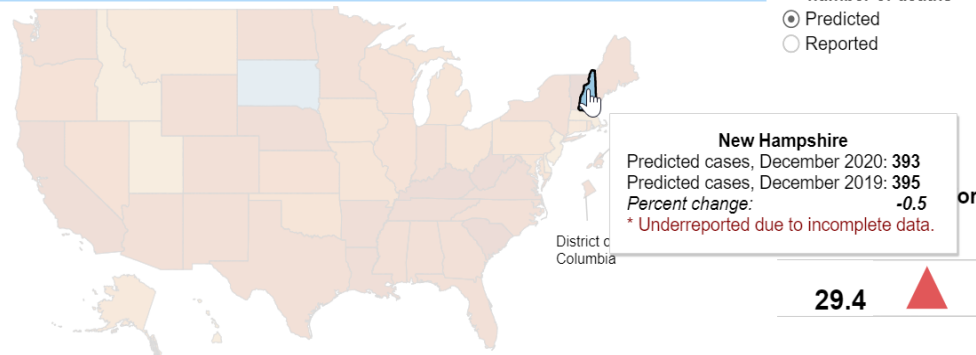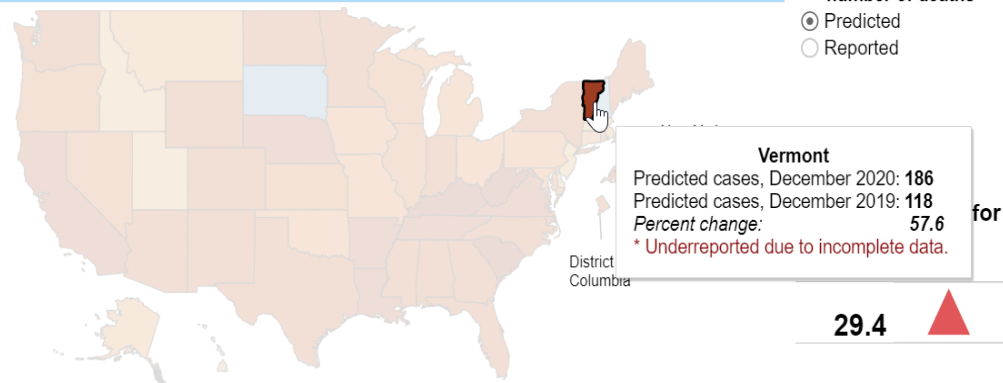EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

Drug overdose deaths: EQIC partner states

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020

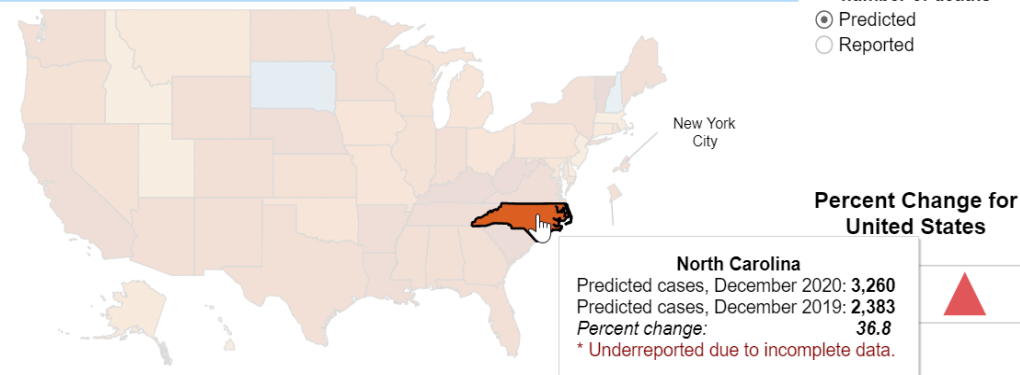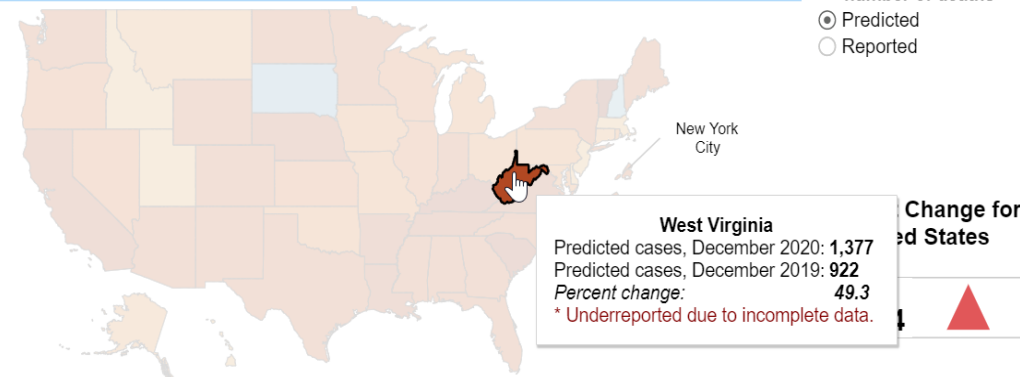Select predicted or reported number of deaths
- ⦿ Predicted
- ◯ Reported

New Hampshire
Predicted cases, December 2020: **393**
Predicted cases, December 2019: **395**
Percent change: *-0.5*
* Underreported due to incomplete data.

29.4 ▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods
-15.9 — 63.6

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020

Select predicted or reported number of deaths
- ⦿ Predicted
- ◯ Reported

Percent Change for United States

North Carolina
Predicted cases, December 2020: **3,260**
Predicted cases, December 2019: **2,383**
Percent change: *36.8*
* Underreported due to incomplete data.

▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods
-15.9 — 63.6

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020

Select predicted or reported number of deaths
- ⦿ Predicted
- ◯ Reported

Vermont
Predicted cases, December 2020: **186**
Predicted cases, December 2019: **118**
Percent change: *57.6*
* Underreported due to incomplete data.

for

29.4 ▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods
-15.9 — 63.6

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2019 to December 2020

Select predicted or reported number of deaths
- ⦿ Predicted
- ◯ Reported

Change for ed States

West Virginia
Predicted cases, December 2020: **1,377**
Predicted cases, December 2019: **922**
Percent change: *49.3*
* Underreported due to incomplete data.

▲

Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods
-15.9 — 63.6

Real life story

Travis N. Rieder, PhD

- Johns Hopkins Berman Institute of Bioethics
  - Assistant Director for Education Initiatives
  - Director of the Master of Bioethics degree program and Research Scholar
- Johns Hopkins School of Public Health
  - Faculty Affiliate at the Center for Public Health Advocacy
  - Additional info
  - https://www.aamc.org/news-insights/bioethicist-s-personal-opioid-nightmare

Real life story

https://www.ted.com/talks/travis_rieder_the_agony_of_opioid_withdrawal_and_what_doctors_should_tell_patients_about_it

EQIC's approach to reducing opioid prescribing and ADEs

EQIC's approach

- Monitoring and analyzing data to better understand and respond to the opioid epidemic

- Supporting hospitals across multiple states by providing hands-on support

- Providing resources and evidence-based strategies

- Providing SME support

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EQIC opioid sprint

- Six webinars from July 2021 - Feb 2022
- National experts in best practices
- Improvement activity for hospitals between webinars
- PM support throughout the sprint

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Syllabus

EQIC opioid sprint programming outline

Webinar 2: Opioid prescribing guidelines and best practices
Subject matter expert: Matthew Jared, MD
September 28, 2021
1-2pm EST

- Best practices and guidelines for prescribing opioids
- Strategies for dosing, tapering, dual ordering and avoiding co prescribing
- Exceptions to opioid "rules" for cancer, palliative and hospice patients
- Care team support workflows to reduce opioid related errors
- Pharmacist's roles in care team and in opioid management

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EQIC opioid sprint programming outline

Webinar 3: Opioid adverse drug events, pain management and opioid alternatives
Subject matter expert: Matthew Jared, MD
October 26, 2021
1-2pm EST

- Best practices for preventing opioid ADEs
- Screening tools to identify patients at risk for opioid ADEs
- Patient monitoring protocols and tools
- Strategies for managing opioid related complications and side effects
- Compare and contrast the alternatives to opioids for pain management

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EQIC opioid sprint programming outline

Webinar 4: Targeted areas for improvement (emergency department, operating room, transitions of care)
Subject matter experts: Jennifer Waljee, M.D., M.P.H., M.S. and Joshua J. Lynch DO, EMT-P, FAAEM, FACEP
November 30, 2021
1-2pm EST

- Workflows for opioid prescribing in the emergency department
- Strategies for preoperative screening and post-operative prescribing
- Considerations for outpatient discharge planning
- Transitions of care best practices

EQIC opioid sprint programming outline

Webinar 5: Discharge Planning, Patient and Family engagement and Stigma
Subject matter expert: TBD
January 25, 2022
1-2pm EST

- Best practices for discharge transitions including Medication Assisted Treatment (MAT), CBOs and Behavioral Health treatment
- Best practices for Patient and Family Engagement
- Stigma towards opioids and understand approaches to address it

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EQIC opioid sprint programming outline

Webinar 6: Capstone

February 22, 2022, 1-2pm EST

- Hospital successes
- Learnings and ongoing challenges
- Next steps

EQIC opioid measures

- Opioid reversal agent use
- Narcan co-order with opioid at discharge
- Opioid mortality Fee for Service
- Opioid mortality All payer
- Inpatient opioid dosing
- High-dose opioid prescribing upon discharge
- Concurrent opioid and benzodiazepine prescriptions
- Concurrent opioid and benzodiazepine prescriptions at discharge
- Co-prescribing opioids during hospitalizations
- Co-prescribing opioids at discharge
- Opioid ADE

Develop an action plan

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EQIC Discovery Tool

Discovery Tool: Opioid Adverse Drug Events

In the section below, please enter "y" or "n" for patient being tracked to indicate if the following elements were completed. Note: All fields must be filled in.

Dates being tracked: Please enter the current period being tracked here:

Element	Best Practice	Patient Sample														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Patient ID# (optional)		ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE	ID# HERE
Upon admission	Patient is screened using an opioid risk assessment tool															
	Patient is screened for opioid addiction and protocol is implemented to treat patients as needed															
	Patient's opioid status (naïve vs. tolerant) is documented in the health record or prescriber orders															

Opioid ADE ⊕

Workgroup

- Multidisciplinary team
  - ➢ Nursing, pharmacist, physician champion, PFE leads, care management, ED, OR
- Data analysis
- Process improvement tools and methodology
  - ➢PDSA
  - ➢RCA
- Staff training

Next steps

- Reach out to your PMs to:
  - ➢ Complete optional current assessment and gap analysis tools to better understand the infrastructure and best practices in place
  - ➢ Organize ADE teams or opioid workgroups
  - ➢ Schedule regular workgroup meetings
  - ➢ Assess data analysis and reporting
- Enroll in the "ADE Opioid" Listserv
- Register for the upcoming webinars

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Thank you.

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