

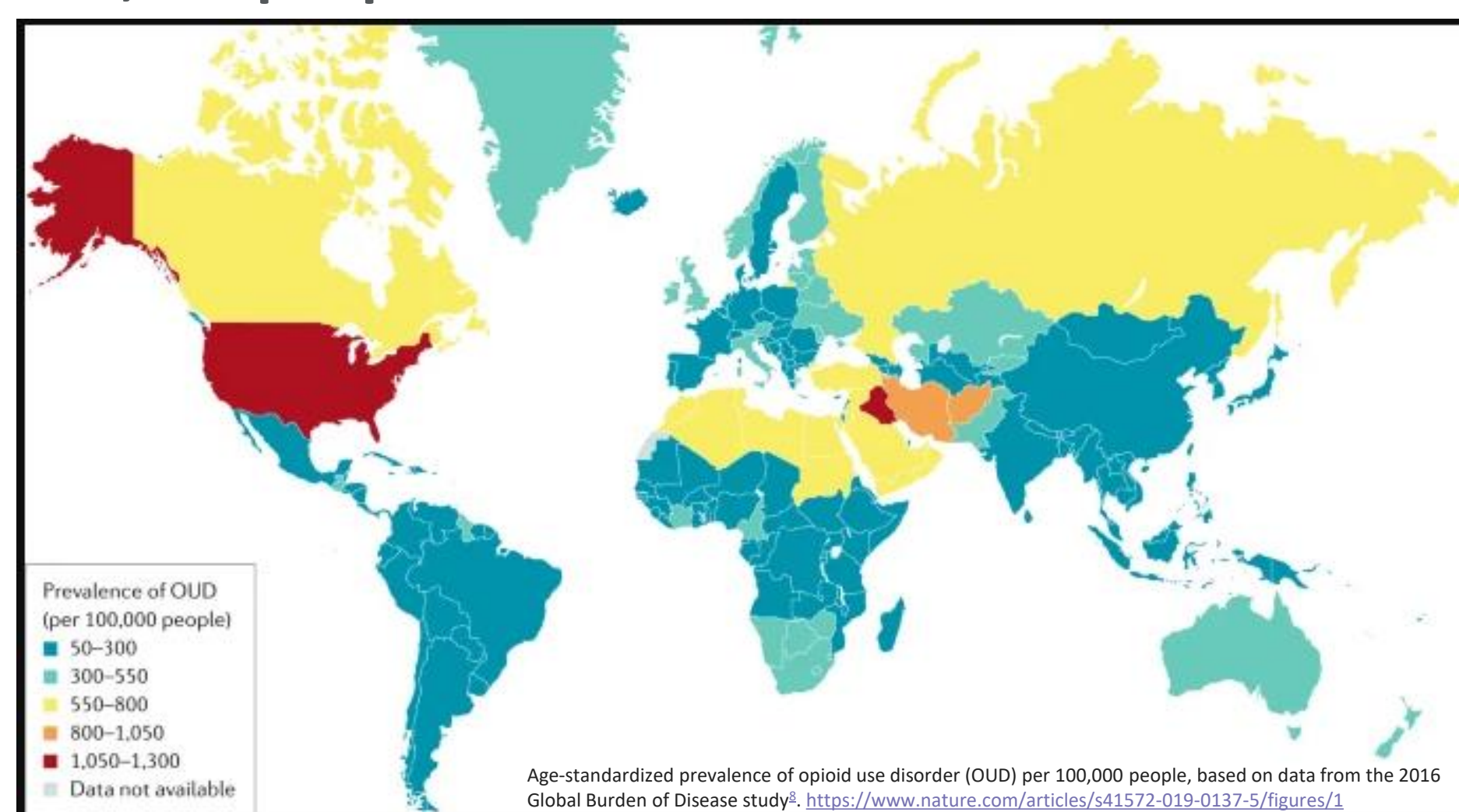
Sharing data while promoting efficient and effective workflows led to safer opioid prescribing at Lake Forest Internal Medicine. A 25% decrease in patients with high opioid prescriptions and an increase of 61% completed pain agreements was achieved.

BACKGROUND

Problem:

- According to World Health Organization (WHO), about **62 million people used opioids in 2019**.
- Worldwide about **500,000 deaths** are attributable to drug use, >70% related to opioids.
- According to the Lancet the opioid epidemic is one of the worst public health disasters affecting the USA and Canada.
- At NMG, there is variation among opioid prescribing practices.
- More specifically, Lake Forest IM has 42% of chronic opioid therapy patients with high MEDD vs. the NM goal of 30%.

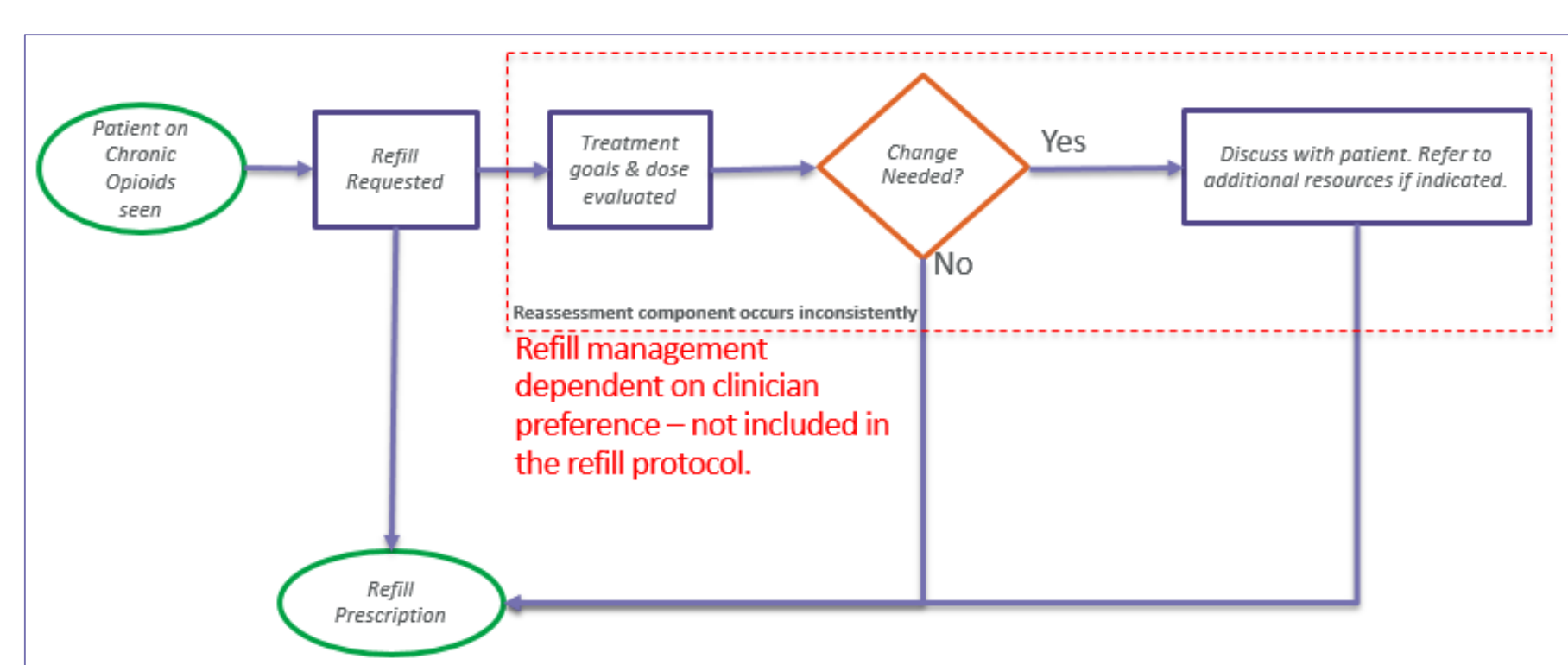
Figure 1: Age-standardized prevalence of OUD per 100,000 people.



Goal: To reduce the percent of chronic opioid patients with high rates of MEDD (≥ 90) to 35% by Q3 FY21 and reduce the percent of concurrent opioid and benzodiazepines prescribed to 15% by Q3 FY21, thereby increasing the safety of opioid prescribing at Lake Forest IM.

Standard Work: Opioids are often used in primary care to address chronic pain. Refilling opioids is more frequently done vs requiring more visits or placing referrals for alternative treatment.

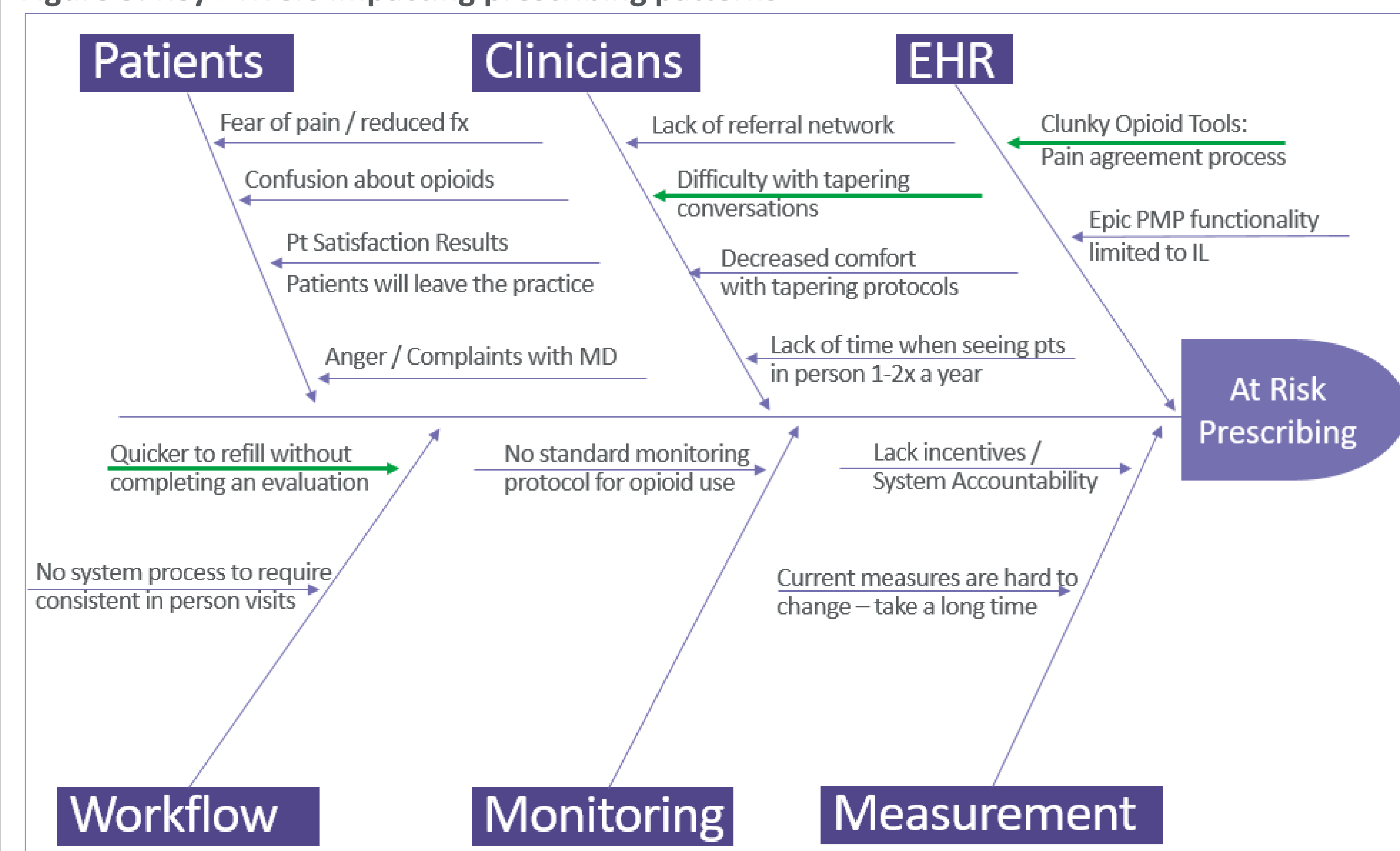
Figure 2: Primary Care Process Map for Opioid Refills



METHODS

Root Causes: Multiple drivers impact the prescribing of opioids for the treatment of pain for patients. Pain treatment is challenging and the stewardship of opioid prescribing has been inconsistently addressed.

Figure 3: Key Drivers impacting prescribing patterns



Interventions:

The improvement team focused on interventions to address multiple drivers.

- To address **Clinicians** concerns, monthly touch points with the physician champion occurred, where *data sharing* (both blinded: regional scale, and unblinded: practice level) were provided. Additionally, these meetings where the *monitoring* of opioid prescriptions were shared, allowed for *education* and academic detailing was provided.
- To address the **Electronic Health Record**, two significant optimizations were put in place. First opioid prescriptions originating in Epic began to require discrete sigs, which provided an automatic MEDD value when ordering the prescription and providing a warning based on high levels of opioids prescribed. Additionally, a standardized rooming *workflow* was created, prompting the staff to print and prepare the pain agreement when it was due for the clinician and the beginning of the encounter.

Figure 4: Interventions

Provider	% of Patients on Concurrent Opioid and Benz	# of Patients on Concurrent Opioid and Benz	% of Patients with Pain Agreement	# of Patients with Pain Agreement	% of Patients with ≥ 90 MEDD	# of Patients with ≥ 90 MEDD	# of Chronic Users per 1,000 Attributed Patients	# of Patients on Chronic Opioid
North Region Performance	21%	21%	24%	3	16.22	17		
Lake Forest Internal Benchmark	11%	67%	30%	6				

RESULTS

Impact:

This project shed light an effective model to increase the safety and consistency of opioid prescribing at NMG primary care. These interventions can be used worldwide. The interventions focused on awareness, system supports and team based interventions. The EHR interventions are built to be sustainable and do not require significant training or manual upkeep.

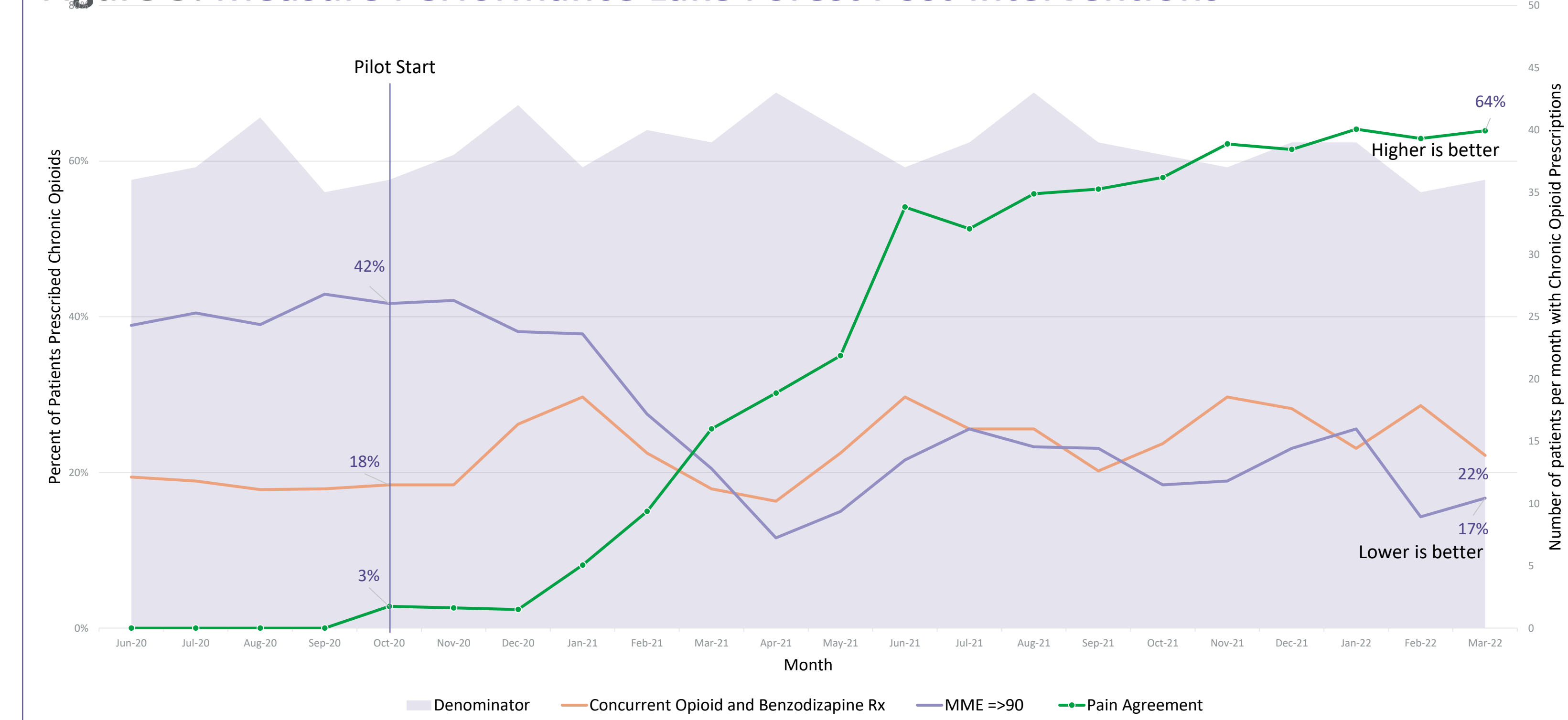
Data from the first year (3/3/2021-3/2/2022) of the BPA showed a 82% success rate. However what is most likely the key to success in this project was the clinician buy-in and having a clinical champion. This practice had a clinician leader who was accessible, knowledge, and promoted the importance of opioid stewardship.

Clinicians reviewed their performance, were open to guidelines and when prompted reviewed and completed more pain agreements with their patients.

A key risk factor is the opioid dosage. Reducing the number of patients on high levels of opioids is key to safety.

- This team successful reduced the number of patients on ≥ 90 MEDD from 42% to 17%.
- Concurrent opioids and benzodiazepines prescriptions also increase risk for patient harm. There was a reduction of 1% in patients with both prescriptions.

Figure 5: Measure Performance Lake Forest Post-interventions



CONCLUSIONS

Summary:

Opioid misuse is a global health concern. Opioid Stewardship is important for our patients and our clinicians. Pain management is complex and requires systems in place to support clinicians when prescribing opioids.

Recommendations: Replicate this model across other primary care practices globally.

- Engage clinician leaders to monitor, share and discuss best practices for patients with chronic pain.
- Activate EHR optimizations to support standard work.