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Aligning Opioid Prescribing Pathways

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Project: Outpatient Pharmacy - Aligning Opioid Prescribing Pathways
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Problem/Impact Statement:

In 2016, there were 378 opioid overdose deaths in the State of Maine, illustrating the drug epidemic that is sweeping the state, as well as the nation, and continues to worsen with each passing year. In attempt to prevent opiate abuse, the Maine Legislature passed Public Law Chapter 488 on January 1, 2017, which acts to strengthen the controlled substances prescription monitoring program. With this new legislation, came a new set of guidelines and protocols that would need to be implemented by pharmacists and opioid prescribers around the state, including Maine Medical Center (MMC).

Scope:

In scope: Opioid prescriptions filled by Pharmacists at MMC, after January 1st, 2017

Out of scope: Opioids prescriptions not filled by Pharmacists at MMC, after January 1st, 2017

Goal/Objective:

100% of the time the Outpatient Pharmacy team at MMC, will track the number of provider phone calls made by pharmacists to clarify opioid prescriptions and resolve any non-compliance with Chapter 488.

Baseline Metrics/Current State:

Maine drug overdose deaths

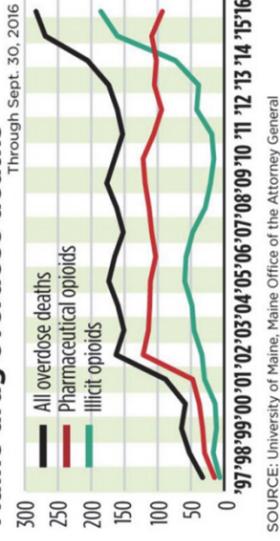


Figure 1: Baseline data for total drug overdose Deaths in the state of Maine per year, as well as trends for overdose deaths specifically caused by either pharmaceutical or illicit opioids.

- Current State:** Public Law Chapter 488 makes 4 main changes to opioid prescribing:
- (1) Mandates the use of the State's Prescription Monitoring Program and expands those who use it
 - (2) Enacts strict limits on opioid prescribing for acute and chronic pain
 - (3) Mandates education for opioid prescribers
 - (4) Mandates electronic prescribing of opioids

Old Practice: There were no prior limits in opioid prescribing, required by state law. Prescribers were doing as they had always done.

New Practice: Public Law Chapter 488

Root Cause Analysis:

Problem	Fatalities from opioid induced drug overdoses reached an all-time high in Maine for 2016
Why?	There is over-use of opioids in the state of Maine
Why?	Only 10 % of people of people living with addiction get treatment
Why?	People taking prescription opioids often can't differentiate when they've crossed over into abusive behavior
Why?	Patients are poorly educated about the dangers of taking opioids long term
Why?	Patients are poorly educated about the dangers of taking opioids long term
Root Cause	There is considerable societal stigma that addiction is not a disease, therefore preventative measures are not seen to be as important.

Due to the multifactorial schema of addiction, increasing the stringency of policies for opioid prescribers will not solve the entire problem. However, making sure that all prescriptions for opioids are in compliance with these new standards is a step in the right direction.

Countermeasures

Action	Owner	Due Date	Status
Public Law Chapter 488 enacted, "An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program"	Maine State Legislature	1/1/2017	Completed
KPI: Track number of phone calls made by pharmacists to providers to clarify opioid prescriptions and resolve any non-compliance	Pharmacy Leadership Group	1/1/2017	Completed
KPI: First plan of action: Pharmacist has direct conversation with a non-compliant prescriber each time, to provide quick one-on-one education	Pharmacy Leadership Group	1/1/2017	Ongoing
KPI: Second plan of action: Pharmacist has conversation with chiefs when trends are identified, in order to have them provide the appropriate education in opioid prescription compliance with Chapter 488.	Pharmacy Leadership Group	1/1/2017	Ongoing

Outcomes

Percentage of Opioid Prescriptions Requiring Follow-up

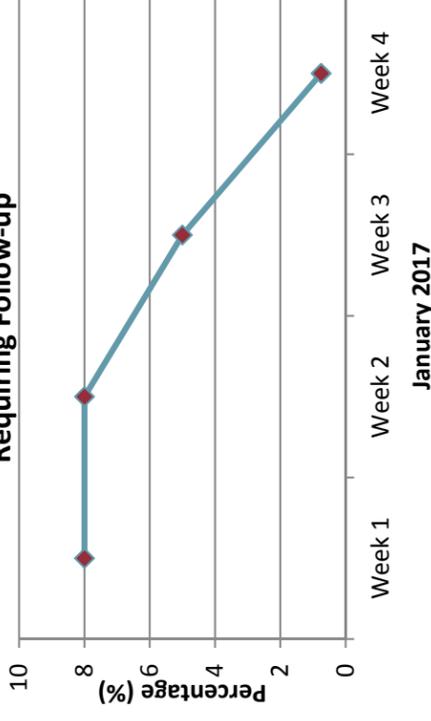
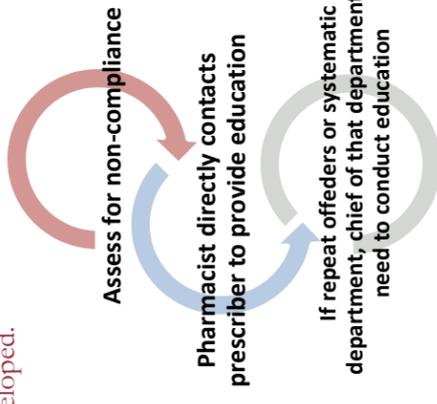


Figure 2: Percentage of Opioid prescriptions requiring follow up of a pharmacist with the prescriber, to combat issues of non-compliance with Chapter 488

It has become hard wired within the Outpatient Pharmacy at MMC to address any non-compliant opioid prescription that is to be filled there.

A standardized approach to prescriber education has been developed.



Next Steps

- For MMC: There is ongoing prescriber education whenever instances of noncompliance with Chapter 488 arise, in an attempt to decrease the incidence of un-warranted prescription opioids
- For the state of Maine and the nation: Develop a continuous discourse about addiction as a disease, in an attempt to alleviate the associated stigma "