Aligning Opioid Prescribing Pathways

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**Recommended Citation**

https://knowledgeconnection.mainehealth.org/mmc/6

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Study Act

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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 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:

![Image](image_url)

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:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioid overdose</td>
<td>Facilities from opioid induced drug overdoses reached an all-time high in Maine for 2016</td>
<td>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.</td>
</tr>
<tr>
<td>Why?</td>
<td>There is over-use of opioids in the state of Maine</td>
<td></td>
</tr>
<tr>
<td>Why?</td>
<td>Only 10% of people of people living with addiction get treatment</td>
<td></td>
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<td>Why?</td>
<td>People taking prescription opioids often can't differentiate when they've crossed over into abusive behavior</td>
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<td>Root Cause</td>
<td>There is considerable societal stigma that addiction is not a disease, therefore preventative measures are not seen to be as important.</td>
<td></td>
</tr>
</tbody>
</table>

Countermeasures

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

Outcomes

![Image](image_url)

Plan

![Image](image_url)

Do

For MMC: There is ongoing prescriber education whenever instances of noncompliance with Chapter 488 arise, in an attempt to decrease the incidence of unwarranted 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

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 unwarranted 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

Assess for non-compliance

- Pharmacist directly contacts prescriber to provide education

Root Cause Analysis:

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