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MaineHealth Performance Improvement

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Standard Opioid Prescribing

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Problem/Impact Statement

Opioid abuse continues to be a major problem in Maine, and prescriptions are considered by some to be a source. Opioid prescriptions are not necessarily standardized among providers for common surgical procedures or conditions.

Scope

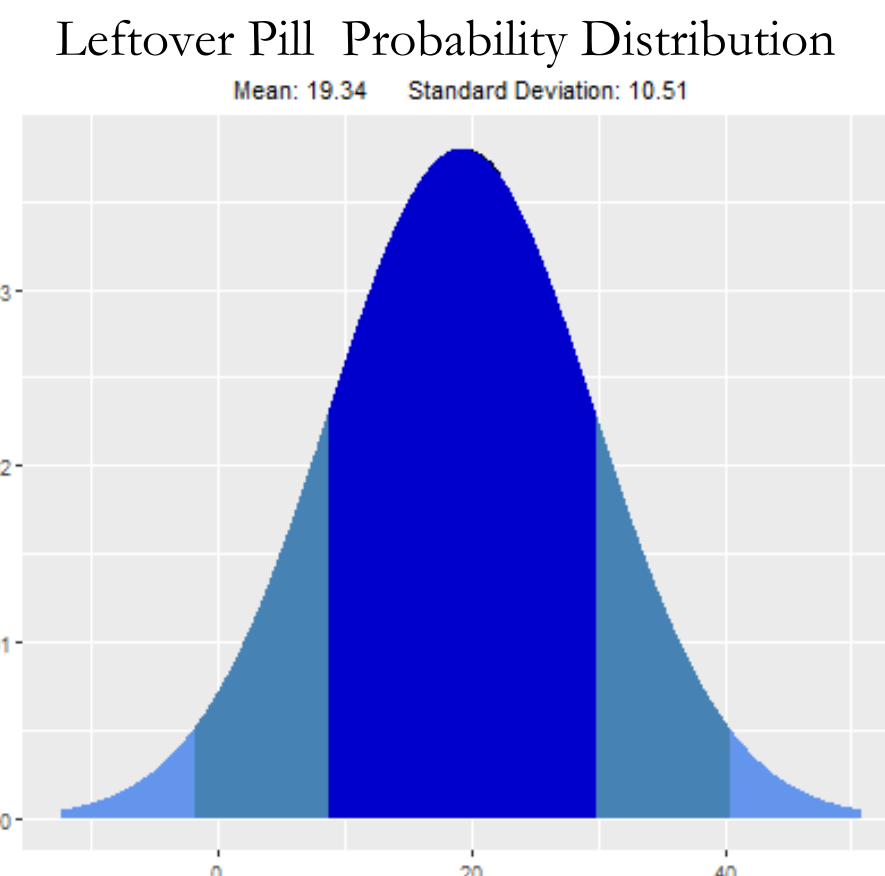
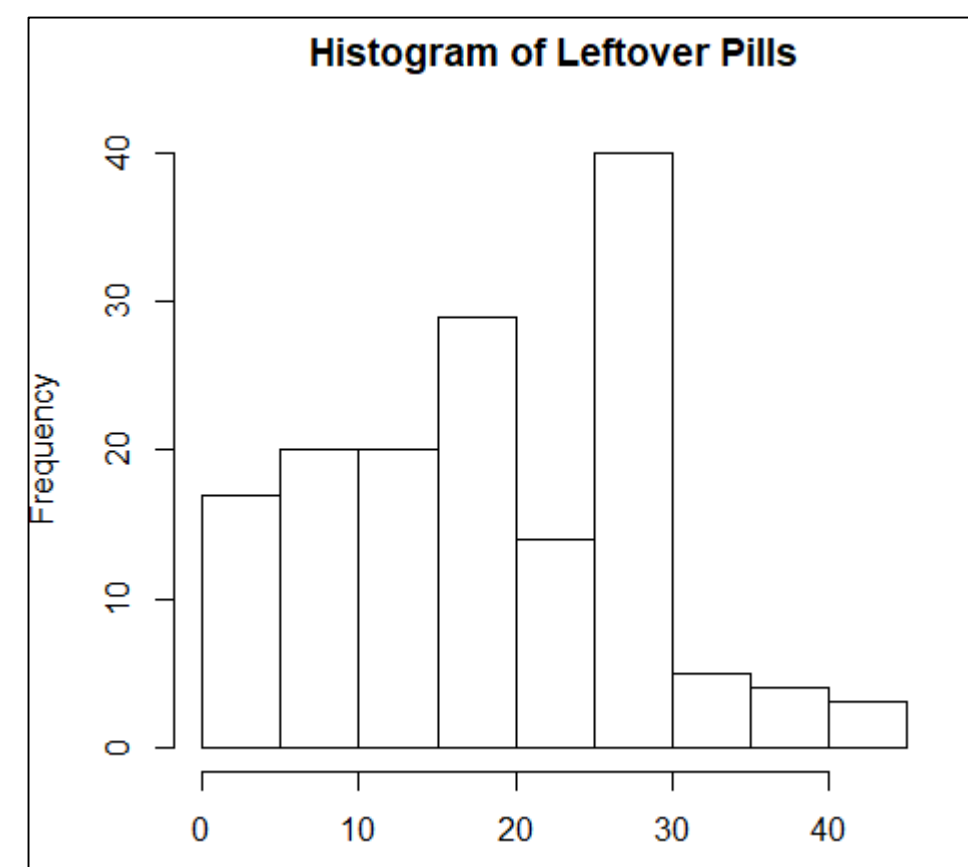
In scope: anterior cervical discectomy and fusion, lumbar laminectomy, lumbar microdiscectomy

Out of scope: All other procedures

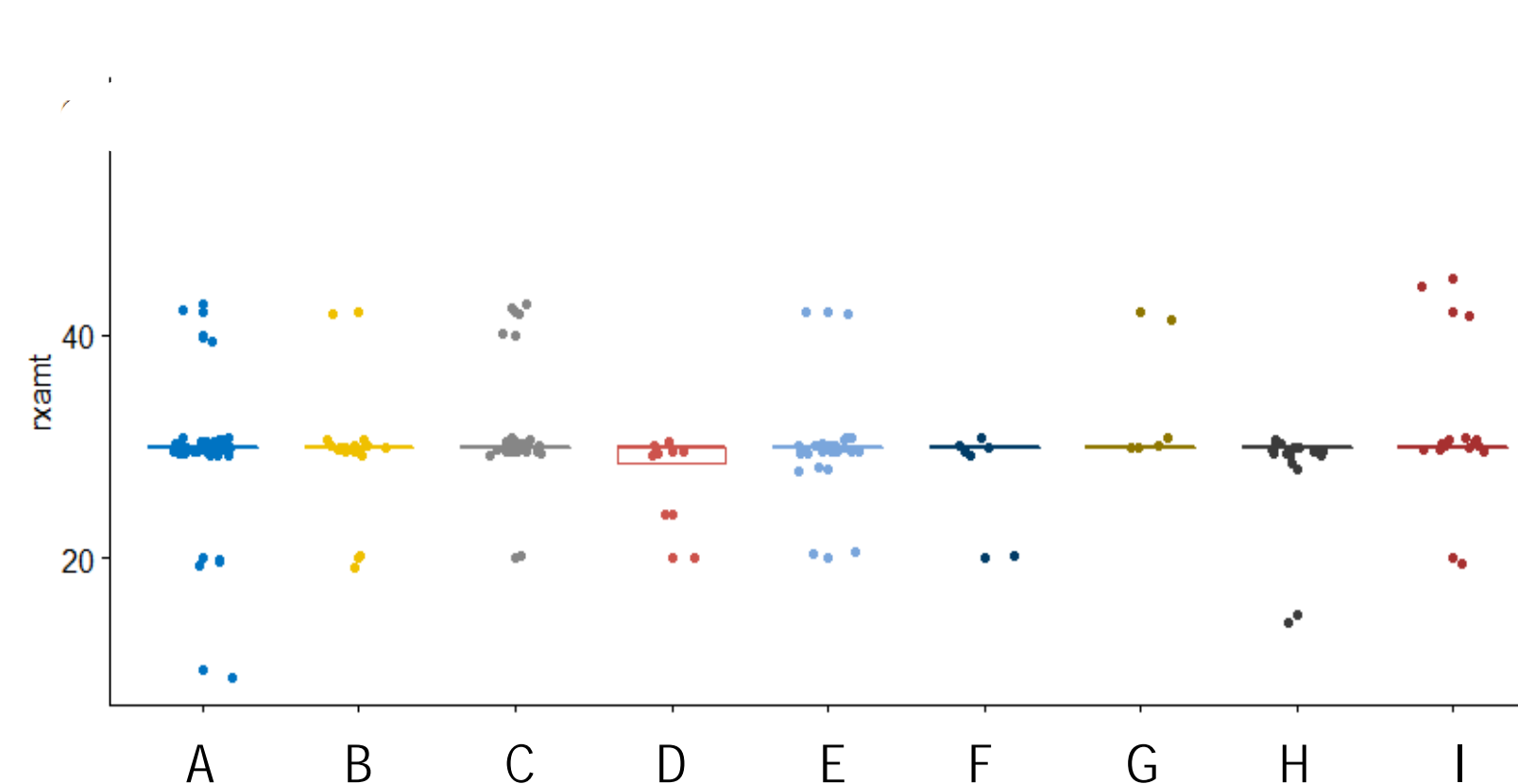
Goal/Objective

By the end of FY20, we will standardize post-op opioid prescriptions for 3 common surgical procedures or conditions. We will query patients post-op about how many pills they took and adjust future prescribing as necessary in order to avoid over-prescribing.

Baseline Metrics/Current State

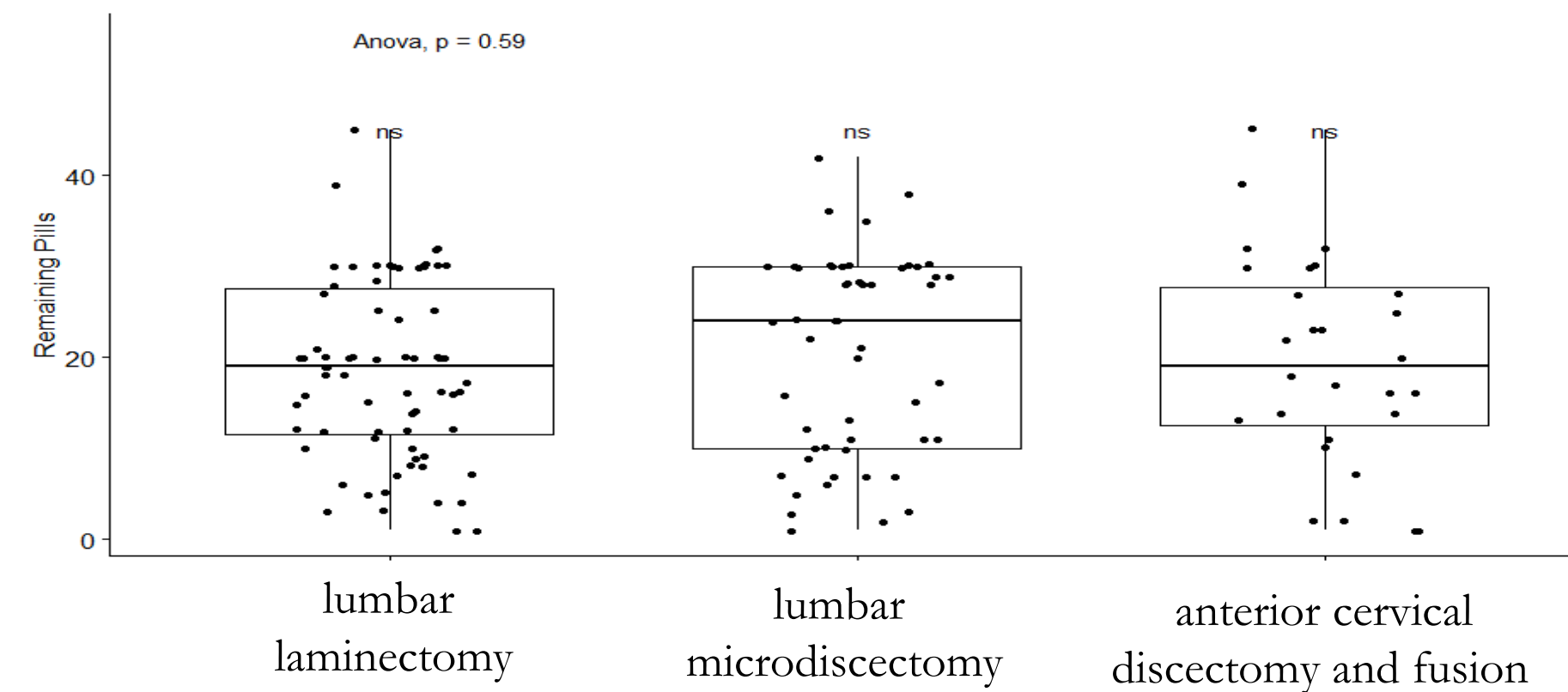


Provider Prescribing- All Procedures



Data Collection

A study conducted by NS&S captured 168 complete records between 1.1.2020 and 4.15.2020. The study captured any patient that had an anterior cervical discectomy and fusion, lumbar laminectomy or lumbar microdiscectomy surgery during this time. The average prescription was 30.1 with a standard deviation of 5.49. Prescribing was uniform in regards to lumbar laminectomy and lumbar microdiscectomy with more variation among the ACDF population. The remaining pills total was 2940 with an average leftover of 19.34.



Interventions

Language Changes:

The APP group at NSS made a test of change in the language sent home with patients following surgery. The language on the bottle contained how many tabs to take and the time intervals, but omitted max dosage a day. The addition of "Max X pills a day" was added to the bottle in an effort to wean patients off opioids at a faster rate. Reporting through MMP quality analytics will be utilized to help measure adherence to the new standard.

Leapfrog Guidelines

Leapfrog has published guidelines for opiate naïve patients. The current guideline is 12 tabs for these procedures, there is consensus from providers and APP on implementing these at the end of the FY.

Procedure	Leapfrog/National Guidelines for prescribing opioids if needed after trying acetaminophen and/or ibuprofen
Microdiscectomy (one level)	12 tablets Oxycodone 5 mg

Strategy Moving Forward

After adoption of the Leapfrog standards for the opiate naïve patients. For anyone outside of this guideline, the practice will implement a step down approach with prescribing. Reducing the standard number down in increments while measure for adverse effects (increase in requested refills and pain not being well managed) This data will be collected in the same format as the initial sample.

Countermeasures

By When & Status*	Who	Deliverable
End Q1	Project Team	1. Define 3 conditions/surgeries and establish baseline prescribing patterns 2. Research possible alternatives for pain control other than opioids and decide if appropriate to include
End Q2	Project Team	Measure patient opioid consumption and correlate with opioid prescribing patterns
End Q3	Project Team	Establish new prescribing guidelines for selected conditions
End Q4	Project Team	Educate providers on new guidelines and refine as needed.

Next Steps

Continuing of the project in FY21:

1. Finalize new prescribing guidelines for selected conditions
2. Educate providers and staff on guidelines
3. Launch new standing orders
4. Monitor adherence & survey patients to measure impact

Expansion:

1. Inclusion of 2 new measures in FY21 from the MMP opioid bundle
 - Signed opioid treatment
 - Utilization of opioid screening tool
2. Explore expansion to additional procedures