2019 Quality Improvement Kick-off Webinars

Opioid Prescribing Project

Agenda

- **Project Overview**
- **New and Different in 2019**
- **Michigan OPEN Recommendations – "simplified"?**
- **Abstraction**
- **Collecting PROs**
- **Project Timeline**
- **Creating Pain Pathways**
  - **MPOP/Modifier 22**

Quick Reminders for the Webinar

- **Maximize your view of the slideshow**
- **Please place phones on Mute**
- **Do not use HOLD function on phones during call**

Project Overview

Implementation Goals:

1. 90% of patients having an included procedure will receive the recommended amount of opioid (or less) at discharge, as identified by Michigan OPEN's current recommendation on January 1, 2019. [40 points]

    Included Procedures:

    Laparoscopic Appendectomy
    Laparoscopic Cholecystectomy
    Inguinal/Femoral/Umbilical Hernia Repair (open/laparoscopic)
    Vaginal Hysterectomy
    Laparoscopic Hysterectomy
    Abdominal Hysterectomy

2. 100% of patients have a complete discharge opioid prescription captured in the workstation. [15 points]

3. 75% of patients have an email address for 90-day PRO assessment. [5 points]

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Project Overview, continued

4. Conduct and document at least ONE multidisciplinary meeting that includes surgeons, nurses, quality, pharmacy and other relevant staff to establish a comprehensive pain management care pathway for two of the included procedure types **by March 30, 2019.** [20 points]

5. Create a comprehensive pain management care pathway that includes preop, intraop, postop, and post-discharge processes for two of the included procedure types. Submit this pain management pathway to the MSQC Coordinating Center with 2019 project submission. [20 points]

Scoring:
- Each deliverable will be scored as met/not met and total points tallied for a score/possible 100
- Implementation points will be added in the amount of 0-20 (increments of 5) based on the project narrative. These points will be added to total score.
- Blow us away with the effort you put into Pain and opioid tab completeness! Will serve you well if you need to score extra credit for any reason!!

What's New and Different in 2019?

- Everyone is Focused on Same procedure Groups
- Using Same Prescribing Recommendation instead of choosing targets
- 54 hospitals working toward common goal – potential for impact is AMAZING
- Just what is going on with those recommendations, though?

Michigan OPEN has SIMPLIFIED their recommendations to a SINGLE pill count, based on 5 mg. Oxycodone.

MSQC must still take total OME prescribed into account in determining whether recommendations were met with each prescription given, due to multiple prescriptions, liquids, patches, etc.

SAY WHAT???

"Simplified" M OPEN Recs

- **Why are the recommendations based on 5mg. Oxycodone?**

  M OPEN recommends around the clock Tylenol, with opioids ONLY for breakthrough pain.

  Oxycodone can be prescribed without risk of toxicity.

- **Why are all hysterectomy approaches the same recommended pills?**

  On average patients take between 11-13 pills for <u>all approaches,</u> and report **no higher pain levels**.

- **Does OME matter?**

  OME = Oral morphine equivalent. If the surgeon always prescribes fewer than the pill count recommended and a dosage that has the same or lower potency as 5mg oxy…then no it doesn't. However, if you prescribe a <u>higher potency, dose or a larger number,</u> then the answer is yes.

- **Won't patients complain?**

  M OPEN has found no increase in reported pain, no decrease in patient satisfaction, and no increase in decision regret as prescribing has reduced. This is why it's important to collect 30/90 day follow up

- **What do I tell the prescribers??**

  Opioids are for breakthrough pain only, not the primary source of pain control. Focus on prescribing no more than the Michigan OPEN recommended number of pills, no matter the medication, with a refill if needed.

- **But if they prescribe Hydrocodone, it has a lower morphine milligram equivalent, so that means we can give a higher number of pills!**

  While it's true that prescribing a higher number of hydrocodone pills will still meet the Quality improvement criteria for meeting the recommendation, which will be measured in OME.

Goal: STOP opioid diversion

Remember: MORE pills = MORE consumption

Questions?

Abstraction

- **Discharge script required**
- **Chart supersedes patient report**
- **Follow up is IMPORTANT**

Type of Opioid Prescribed *

Codeine (Tylenol 2, 3, or 4)   ×   ▾

Opioid Dose Prescribed Unit
SELECT ONE

☐ mg
☐ mL
☐ mcg/hr
☐ mcg/ml

Opioid Dose Prescribed

Opioid Dose Prescribed

Quantity Prescribed

Quantity Prescribed

Was the prescription filled?
SELECT ONE

☐ Yes
☐ No

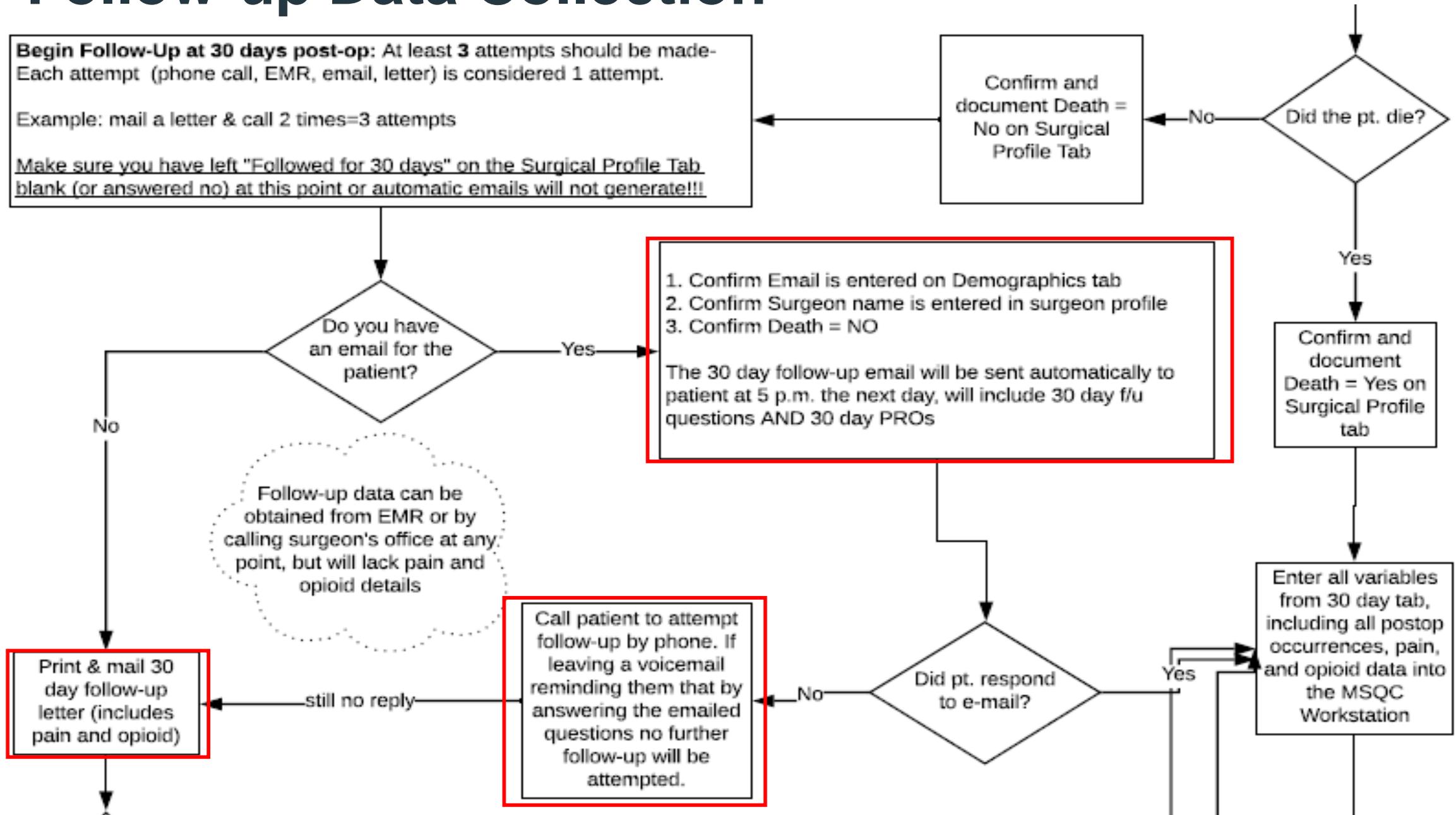Do you know how many doses were taken?
SELECT ONE

☐ Yes
☐ No

Follow-up Data Collection

Begin Follow-Up at 30 days post-op: At least **3** attempts should be made-
Each attempt (phone call, EMR, email, letter) is considered 1 attempt.

Example: mail a letter & call 2 times=3 attempts

Make sure you have left "Followed for 30 days" on the Surgical Profile Tab blank (or answered no) at this point or automatic emails will not generate!!!

Confirm and document Death = No on Surgical Profile Tab

Did the pt. die? —No→

Yes

Confirm and document Death = Yes on Surgical Profile tab

Do you have an email for the patient?

—Yes→

1. Confirm Email is entered on Demographics tab
2. Confirm Surgeon name is entered in surgeon profile
3. Confirm Death = NO

The 30 day follow-up email will be sent automatically to patient at 5 p.m. the next day, will include 30 day f/u questions AND 30 day PROs

No

Follow-up data can be obtained from EMR or by calling surgeon's office at any point, but will lack pain and opioid details

Print & mail 30 day follow-up letter (includes pain and opioid)

—still no reply—

Call patient to attempt follow-up by phone. If leaving a voicemail reminding them that by answering the emailed questions no further follow-up will be attempted.

—No→

Did pt. respond to e-mail?

Yes→

Enter all variables from 30 day tab, including all postop occurrences, pain, and opioid data into the MSQC Workstation

2019 QI Project Timeline

Q1

- Make sure all clinicians are aware of prescribing guidelines ASAP!
- Distribute M OPEN Patient and Provider Educational Materials
- Choose procedures of focus for pain pathway
- Baseline data upload to Box.com folder

Q2

- First data upload to Box.com folder
- Monitor prescribing and follow-up with over-prescribers
- Hold meeting to discuss pain pathway
- Begin development of pain pathway
- Second data upload to Box.com folder
- Consider MPOP/Modifier 22 implementation

Q3

- Third data upload to Box.com folder
- Monitor prescribing and follow-up with over-prescribers
- Continue work on pain pathway, build consensus among caregivers
- Begin MPOP/Mod22 Implementation
- Fourth data upload to Box.com

Q4

- Fifth data upload to Box.com folder
- Monitor prescribing and follow-up with over-prescribers
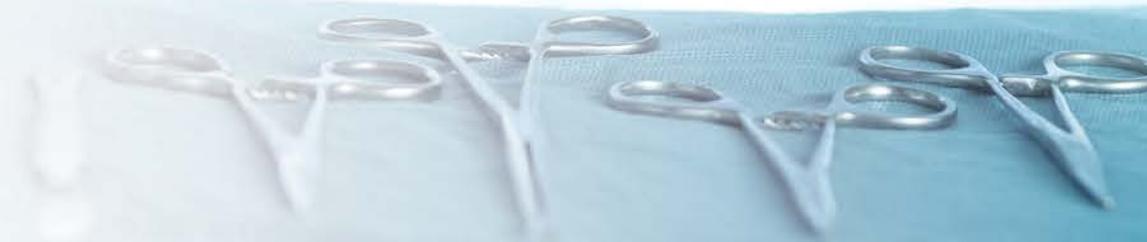- Implement pain pathway
- Launch MPOP/Mod22

Quarter 1 – To Do List

- Make sure all prescribers are aware of guidelines:
  - http://msqc.org/sites/default/files/downloads/Updated%20opioid%20rec%20QI%20project.pdf
  - https://opioidprescribing.info/
- Access Patient and Prescriber Educational Resources, which can be customized for your site:
  - http://michigan-open.org/patient-resources/
  - http://michigan-open.org/provider-resources/

- Choose procedure areas for pain pathway development
- Begin abstracting cases
- Review baseline data in Box.com folder
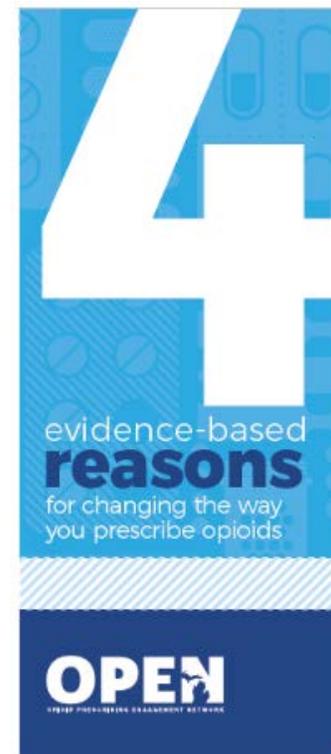
Creating a Pain Pathway

- A pain pathway is a standardized approach to approaching the pain management of surgical patients

- While reducing opioid prescribing is important, patient pain control should always take precedence

- To begin, choose the two procedure areas to focus on

- Consider members of the multi-disciplinary team

- Kick-off in Quarter two

- Consider MPOP

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Overview of Pain Management Pathway

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Creating Your Hospital's Pain Pathway

- Will be turned in with your project narrative in early 2020

- Does not need to be fancy, can be in the form of an outline

- Should include:

  - Preoperative

  - Intraop

  - Postop

  - Patient Follow-up Plan

- Successful implementation of MPOP protocol at your hospital will count toward pain pathway

Pain Pathway

I. Pre-Operative:
   A. Patient Screening
      1. Prior Opioid Use
      2. Current Opioid Use
   B. Patient Education
      1. Who performs
      2. Materials
      3. Reinforced by…
      4. Topics Included:
         a. Non-opioid pain management
         b. Pain expectation
         c. Proper medication disposal
   C. Preoperative Analgesia Planning
      1. Consultation with other team members
      2. Plan for communication with other providers (PCP, Pain Management)
   D. Care Coordination

II. Intraop
   A. Intraop Multimodal Pain Management
   B. Regional anesthesia?
      1. Local infiltration of long acting anesthetic before closing?
      2. Non-opioid adjunctives
   C. Postop Multimodal Pain Management
      1. NSAIDS and acetominophen
      2. Minimize oral opioids

III. Postop
   A. Prescribing
      1. Michigan OPEN recommendations
      2. No hypnotics, anxiolytics, sedatives
   B. Standardized discharge instructions
      1. Schedule for non-opioid medications
      2. Opioids used for breakthrough pain only
      3. Preventing returns to ED for pain:
   C. Medication disposal
   D. Patient Education
      1. Materials
      2. Who Delivers
      3. Topics Covered

IV. Patient Follow-Up Plan

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MPOP/Modifier 22

- MPOP is a pain management protocol created at Michigan Medicine for the purpose of managing pain with a minimum amount of opioid prescribed after surgery

- Focused on pain control and patient education

- BCBSM agreed to allow the use of Modifier 22, which adds a 35% "uplift" to hospital billing to reimburse for the additional work included in administering the protocol

- Materials will be shared on MSQC website

- Patients will receive no more than designated number of pills at discharge

MPOP Protocol

The care processes:

- **Patient Screening:** discuss pros and cons with patient
- **Patient Exclusions:** contraindications to NSAID use, current opioid use
- **Preoperative optimization:** Patient education is key, pain expectations, using opioid only for breakthrough pain.
- **Operative management:** Standard intraop analgesia, minimize oral opioids in PACU
- **Discharge post-operative pain management:** All patients will be instructed to schedule around-the-clock acetaminophen and ibuprofen. **Acetaminophen 650mg** will be staggered every 3 hours with **ibuprofen 600mg,** in an alternating fashion. This schedule ensures pain meds every 3 hours, with 6 hours between dosing of acetaminophen and of ibuprofen.

Opioid Medication Summary and Michigan OPEN Recommendations

Procedure	Qty.	Discharge Rx
Cholecystectomy	4	Oxycodone
Inguinal Hernia	10	Oxycodone
Sleeve Gastrectomy	10	Oxycodone
Prostatectomy	6	Oxycodone
Sinus Surgery	8	Oxycodone
Thyroidectomy	5	Oxycodone*

Wrap Up

- If you are interested in pursuing MPOP let the coordinating center know, must have billing and IT on board to pursue

- Project resources and materials available on the website

- Data will be uploaded to the Box folder beginning in February