THE UNC HEALTH CARE SYSTEM
OPIOID STEWARDSHIP PROGRAM

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“There comes a point where we need to stop \textit{just} pulling people out of the river. We need to go upstream and find out \textit{why} they’re falling in.”

--Desmond Tutu
What About Us?

www.UNCSafeOpioidUse.org
Multiple aims for Opioid Stewardship improvements, one target measure of FY18 Organizational Goal Success

Compliance with standard opioid prescription schedule in at least 3 post-surgical patient populations with a target of 50% to be reached in the final 3 months of the fiscal year.
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Janet Hadar, MSN, MBA, FACHE – Executive Sponsor
An Educational Intervention Decreases Opioid Prescribing After General Surgical Operations

Maureen V. Hill, MD,* Ryland S. Stucke, MD,* Michelle L. McMahon, BS,† Julia L. Beeman, BS,* and Richard J. Barth Jr., MD*

“Dartmouth Model” (80% target from 2015 baseline consumption analysis)

- Partial Mastectomy (PM); PM + SLNB; Lap Chole (LC); Lap Inguinal Hernia (LIH); Open Inguinal Hernia (IH)

| TABLE 2. Comparison of Opioid Prescriptions Pre versus Post Provider Education |
|---------------------------------|-----------------|-----------------|--------|--------|--------|
| Operation          | Number of Cases | Mean Number of Opioid Pills Prescribed (SD) | Median Number of Opioid Pills Prescribed | Range |
|                   | Pre    | Post  | Pre    | Post  | P      | Pre    | Post  | Pre    | Post  |
| PM                | 175    | 58    | 19.8 (10.2) | 5.1 (4.1) | 0.0001 | 20     | 5     | 0–50   | 0–20  |
| PM SLNB           | 112    | 62    | 23.7 (11.3) | 9.6 (2.4)  | 0.0001 | 20     | 10    | 0–60   | 5–15  |
| LC                | 240    | 58    | 35.2 (16.9) | 19.4 (7.2) | 0.0001 | 30     | 15    | 0–100  | 0–40  |
| LIH               | 80     | 27    | 33.8 (9.0)  | 19.3 (7.3) | 0.0001 | 30     | 15    | 15–70  | 0–30  |
| IH                | 85     | 18    | 33.2 (15.7) | 18.3 (8.7) | 0.0003 | 30     | 15    | 15–120 | 0–40  |
How Will We Have Impact?

- Educate patients and providers about appropriate opioid management for acute care
- Create guidelines for postoperative pain management
- Develop interventions to reduce postoperative opioid prescribing and use
- Implement new methods for safe opioid disposal
586 patients surveyed (47% response rate)
- 42% pills remained unconsumed, 12% requested refills
- 67% of patients had surplus medication
- 92% of patients received no disposal instructions
CPT Groups Prescribed vs Used
Date Range: July 1-November 15, 2017
Where Do They Get Them?

<table>
<thead>
<tr>
<th>Source</th>
<th>Ever (select all that apply)</th>
<th>In the past six months (select the most common source)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own prescription</td>
<td>179 (46.7%)</td>
<td>15 (3.9%)</td>
</tr>
<tr>
<td>Given free by friends</td>
<td>336 (87.7%)</td>
<td>114 (29.8%)</td>
</tr>
<tr>
<td>Given free by relatives</td>
<td>169 (44.1%)</td>
<td>44 (11.5%)</td>
</tr>
<tr>
<td>Bought</td>
<td>307 (80.2%)</td>
<td>203 (53.0%)</td>
</tr>
<tr>
<td>Took from relatives</td>
<td>79 (20.6%)</td>
<td>4 (1%)</td>
</tr>
<tr>
<td>Took from friends</td>
<td>40 (10.4%)</td>
<td>0</td>
</tr>
<tr>
<td>Doctor shopping</td>
<td>39 (10.2%)</td>
<td>2 (0.5%)</td>
</tr>
<tr>
<td>Internet</td>
<td>3 (0.8%)</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1 (0.3%)</td>
<td>1 (0.3%)</td>
</tr>
</tbody>
</table>

Where Do They Get Them?

Who knew Grandma kept a stash!
Talk to your kids about prescription drug abuse
Learn how at www.drugfreenj.org

The Partnership For A Drug-Free New Jersey
**DID YOU KNOW**

drug abuse starts early?

- More than 90% of adults with substance use disorders started using before age 18.
- 2,500 kids 12-17yo misuse an opioid for the first time EVERY DAY in the US.

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Safe Storage & Security: MedSafe Collection Sites

• Collection Sites now available at UNC MC & Hillsborough for safe disposal
• Educational Patient Infographic wins National Award
Safe Storage & Security: Deterra Roll-out

- Voluntary Surrender Disposal Method
- Live in 3 outpatient clinics
- Targeted placement in all Pilot Surgical Clinics
- Process outlined in OCS 0006 Policy
Reducing Opioids: The power of the prescribing provider

THE OPIOID EPIDEMIC: A NATION AND STATE IN CRISIS

- Since 2014, complications from opioid analgesics have been the leading cause of accidental death in the U.S., surpassing motor vehicle accidents.¹²
- 3 people die every day in North Carolina as a result of opioid misuse complications.³
- Surgeons prescribe approximately 10% of all opioid prescriptions filled in the U.S. and NC each year, with 70-90% of the pills going UNUSED by the patient.⁴
- Approximately 6-10% of post-surgical patients become new chronic users of opioids after surgery.⁷
- 70% of opioid misusers report obtaining their drugs from friends and family.³⁶
- 80% of recent heroin initiates report misusing prescription opioids first.³

In 2017, UNC Medical Center, the Ambulatory Surgical Center and Hillsborough Hospital together prescribed 857,993 opioid pills for post-procedural pain.

OPIOID STEWARDSHIP: AIMS

- In 2017, UNC Medical Center, the Ambulatory Surgical Center and Hillsborough Hospital together prescribed 857,993 opioid pills for post-procedural pain.
- Increase access to safe and convenient disposal of opioids, and patient and provider education on treatment of post-surgical pain.

OPIOID STEWARDSHIP: HOW?

- A data-driven Standard Opioid Prescribing Schedule (SOPS) with specific recommendations for opioid prescribing based upon the surgical procedure and actual patient usage.
- Convenient options for opioid disposal through MedSafe® boxes and/or Deterra Drug Deactivation System® bags in the post-surgical clinics.
- Educational tools for patients and healthcare providers on pain expectations, options for multi-modal analgesia, and precision prescribing of opioids to post-surgical patients, and appropriate storage and disposal of opioid medications.

UNC Medical Center established OPIOID STEWARDSHIP as FY18 QUALITY ORGANIZATIONAL GOAL. During Quarter 4, there must be 80% compliance with the Standard Opioid Prescription Schedule in 3 post-surgical populations in order to meet the goal.

www.UNCSafeOpioidUse.org
Urology

Standard Opioid Prescribing Schedule Recommendations

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Number of doses (mg of Oxycodone)</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cystectomy</td>
<td>20</td>
<td>51550, 51590, 51595</td>
</tr>
<tr>
<td>Cysto/TUR</td>
<td>10</td>
<td>52000, 52005, 52204, 52214, 52234, 52235, 52240, 52301, 52310, 52318, 52500, 52601, 52648</td>
</tr>
<tr>
<td>Lap Neph</td>
<td>20</td>
<td>50400, 50543, 50544, 50545, 50546, 50548, 50780</td>
</tr>
<tr>
<td>Penile/Urethral</td>
<td>15</td>
<td>53010, 53400, 53410, 53445, 54161, 54360, 54405, 54406, 54410</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td>15</td>
<td>55866</td>
</tr>
<tr>
<td>Ureteroscopy</td>
<td>10</td>
<td>52332, 52351, 52352, 52353, 52354</td>
</tr>
</tbody>
</table>

* In addition to above recommendations, please prescribe standing acetaminophen and/or ibuprofen.
** Recommendations apply to opioid naive or patients not taking opioids prior to surgery
*** For patients intolerant to oxycodone, consider prescribing hydromorphone 2 mg tablets in the same quantity recommended for oxycodone.
   (i.e. oxycodone 5 mg PO approximately equals hydromorphone 2 mg PO)

Supporting Data

Urology Prescribed Doses

- Prescribed vs. Used

* Above recommendations were developed after collecting patient reported opioid use via a standardized telephone survey conducted 2 to 4 weeks following their surgical procedure.
No negative impact on patients’ pain experience post-operatively

Post-intervention patient surveys reveal no increase in prescription refill requests and no change in patient satisfaction with their pain control.
Urology Total Doses Prescribed
July 1, 2017 - November 15, 2017

9,258 tablets prescribed during project
24,688 tablets annually
Using SOPS, would have reduced prescribed opioids by 3,794
Annualized – Reduction by 10,117*
Right-Sizing Prescriptions: Early Impact in UNCMC Pilot Services

53,640 fewer opioid doses in our pilot surgical services predicted for FY19
Larger Opportunities

1,054,000

Opioid Discharge Prescription Doses to Post-Surgical Patients at UNC Medical Center during Calendar Year 2017
The 6 phases of the rapid-learning health care system, from scanning to dissemination

**Evaluate**
Collect data and analyze results to show what does and does not work

**Adjust**
Use evidence to influence continual improvement

**Implement**
Apply the plan in pilot and control settings

**Design**
Design care and evaluation based on evidence generated here and elsewhere

In a learning health care system, research influences practice and practice influences research

**Disseminate**
Share results to improve care for everyone

**Internal and External Scan**
Identify problems and potentially innovative solutions

**External**

**Internal**
Patient Education: Resources Online

UNC Medical Center
UNC Health Care
On a mission to reduce potentially avoidable harms from opioids in North Carolina, keeping you and your family safe.

Opioid Stewardship
In North Carolina, four people die each day from an overdose of opioid-related drugs. Unfortunately, while these medications are prescribed with the intent to help alleviate pain, they frequently create more pain. The opioid crisis comes from

www.uncopioidsafeuse.org
Patient Education Materials
Talking Points

Setting Appropriate Expectations for Postoperative Pain: Best Practices

• Surgery is painful, but current pain management techniques are very good and the pain is temporary.
• The goal of controlling pain is to restore function.
• Two-way communication between patients in providers is essential.
• Patients should be open to non-opioid adjuncts. Many patients may experience excellent control of postoperative pain with familiar medications such as acetaminophen (Tylenol) or nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil) or naproxen (Aleve).
• Pain management expectations do not end at hospital discharge.
• Limiting preoperative opioids is in the best interest of the patient.

www.UNCSafeOpioidUse.org
Choosing Wisely
An initiative of the ABIM Foundation

Using opioids safely after surgery
Stick to the lowest dose for as few days as possible

Opioids are powerful drugs that decrease pain, but they can also lead to addiction and deadly overdose if not taken with care. If you need opioids after surgery, it is important to talk to your doctor about how to use them safely.

Talk to your doctor before surgery.
If you’re having urological surgery—such as surgery for prostate cancer or to remove a kidney stone—you will have a doctor’s appointment before the surgery. This is sometimes called a “pre-op” appointment. This is when you and your doctor should talk about how you will feel after surgery and whether or not you will need opioid pain medicine.

If your doctor says opioids are necessary.
If your doctor thinks you will be in a lot of pain after surgery, opioids might be the right choice. Opioids include hydrocodone (Vicodin and generic) and oxycodone (OxyContin, Percocet, and generic). These medicines should only be used to treat extreme short-term pain, like the kind you may feel after surgery.

During your pre-op appointment, you and your doctor should also talk about all the medicines and supplements you already take and how much alcohol you drink. This will help make sure that you are taking any pain medicine safely.

Stick to the lowest dose.
If you need opioids, your doctor should prescribe the lowest possible dose. Three days or fewer will often be enough and more than seven days are only rarely needed for urology procedures. According to the Centers for Disease Control and Prevention, taking opioids for more than three days will increase your risk of addiction. If you’re still in pain after three days, use over-the-counter medicines as recommended by your doctor. Your doctor or pharmacist can help you take those medicines safely. They may also suggest non-drug ways to ease your pain, such as heat or cold therapy.

Know the risks and side effects.
- The risk of overdose with opioids is high because the amount that can cause an overdose is not much higher than the amount used to treat pain.
- The risk of addiction is low, but it can happen to anyone. Ask your doctor about this risk.
- The possible side effects of opioids include abdominal cramps, constipation, headaches, nausea, sleepiness, vomiting, and a fuzzy-headed feeling.

Don’t take opioids for long-term pain.
Urologists also treat people who have painful conditions that do not require surgery, such as recurring kidney stones. Opioids should not be used to treat conditions that involve long-term pain. If you see a urologist for conditions like these, ask about other ways to manage your pain. You can also ask to be referred to a pain management specialist.

This report is for you to use when talking with your healthcare provider. It is not a substitute for medical advice and treatment. Use of this report is at your own risk.
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How to safely take, store, and get rid of opioids.

If your doctor prescribes you opioid pain medicine, use and handle the medicine safely.

Don’t take more opioids than you need.
Start with the lowest dose and try to use them for three days or fewer. Stop taking them as soon as you feel better, and don’t keep any leftovers. Opioids can become less effective over time, so you might need higher and higher doses for pain relief.

Keep opioids out of everyone’s reach.
Because of the risk of addiction and overdose, it’s not enough to use child-proof bottles and put them where kids can’t get to them. Instead, keep prescription pain medicine in a locked cabinet or container. Do not put loose pills in bags or containers in your purse, luggage, or drawers.

Get rid of leftover opioids properly.
Do not throw opioids in the trash or flush them down the toilet. Many pharmacies, hospitals, clinics, and long-term care centers let you drop off leftover medication for free, without an appointment. Walgreens stores in most states offer free, secure, anonymous booths where you can drop off pills or liquid medicine for safe disposal. You can also buy a special envelope at stores, including Costco, CVS, and Rite Aid, that you can use to mail leftover medicine to a disposal facility.

For other disposal options, call 800-882-9539 or visit https://takebackday.dea.gov.

Advice from Consumer Reports
Thank You

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