Jennifer F. Waljee, M.D.
Associate Professor
Department of Surgery
Michigan Medicine

Opioid Education and Outreach

OPIOID PRESCRIBING ENGAGEMENT NETWORK
Why?

• Effective dissemination of evidence
• Enhances implementation of policy
• Engages our communities to change culture
The opioid epidemic is a cultural problem

The opioid epidemic requires cultural solutions
Providers

Communities

Patients
Hydrocodone Prescribing after Surgery

Hydrocodone Prescribing

Increase in Initial Prescription

+ 7 pills per prescription

30 Day Total OME

Schedule III → II

No Change

Habbouche et al. 2018. JAMA Surgery
### Michigan OPEN Prescribing Recommendations

#### 2019 UPDATE

<table>
<thead>
<tr>
<th>Procedure</th>
<th># 5mg Oxycodone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic Cholecystectomy</td>
<td>10</td>
</tr>
<tr>
<td>Open Cholecystectomy</td>
<td>15</td>
</tr>
<tr>
<td>Appendectomy – Lap or Open</td>
<td>10</td>
</tr>
<tr>
<td>Inguinal/Femoral Hernia Repair (Open/laparoscopic)</td>
<td>10</td>
</tr>
<tr>
<td>Open Incisional Hernia Repair</td>
<td>10</td>
</tr>
<tr>
<td>Colectomy – Lap or Open</td>
<td>15</td>
</tr>
<tr>
<td>Ileostomy/Colostomy Creation, Re-siting, or Closure</td>
<td>15</td>
</tr>
<tr>
<td>Open Small Bowel Resection or Enterolysis</td>
<td>20</td>
</tr>
<tr>
<td>Thyroidectomy</td>
<td>5</td>
</tr>
<tr>
<td>Hysterectomy – Vaginal, Lap/Robotic, or Abdominal</td>
<td>15</td>
</tr>
<tr>
<td>Modified Radical Mastectomy or Axillary Lymph Node Dissection</td>
<td>30</td>
</tr>
<tr>
<td>Laparoscopic Donor Nephrectomy</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th># 5mg Oxycodone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Biopsy or Lumpectomy</td>
<td>5</td>
</tr>
<tr>
<td>Lumpectomy + Sentinel Lymph Node Biopsy</td>
<td>5</td>
</tr>
<tr>
<td>Sentinel Lymph Node Biopsy</td>
<td>5</td>
</tr>
<tr>
<td>Simple Mastectomy ± Sentinel Lymph Node Biopsy</td>
<td>20</td>
</tr>
<tr>
<td>Cesarean Section</td>
<td>15</td>
</tr>
<tr>
<td>Wide Local Excision ± Sentinel Lymph Node Biopsy</td>
<td>20</td>
</tr>
<tr>
<td>Sleeve Gastrectomy</td>
<td>10</td>
</tr>
<tr>
<td>Prostatectomy</td>
<td>10</td>
</tr>
<tr>
<td>Laparoscopic Anti-reflux (Nissen)</td>
<td>10</td>
</tr>
<tr>
<td>Carotid Endarterectomy</td>
<td>10</td>
</tr>
<tr>
<td>Total Hip Arthroplasty</td>
<td>30</td>
</tr>
<tr>
<td>Total Knee Arthroplasty</td>
<td>50</td>
</tr>
<tr>
<td>Dental</td>
<td>0</td>
</tr>
</tbody>
</table>
For the latest Opioid Prescribing Recommendations for Surgery visit:

opioidprescribing.info

MSQC OPEN
Surgical Prescribing Recommendations

Prescribing recommendations from the Prescription Drug and Opioid Abuse Commission (PDOAC) for surgeons. These step-by-step recommendations will assist surgeons prepare for appointments, suggest alternative acute pain therapies for patients, and provide post-procedural guidelines to treat acute pain. Surgical Department Preoperative Counseling: For patients not using opioids before surgery Discuss the expectations regarding recovery and pain...

Read more ›

4 Evidence-Based Reasons for Changing the Way You Prescribe Opioids
Counseling patients about pain & opioid use after surgery

- Set pain expectations in relation to procedure
- Focus on non-opioid pain management alternatives
  - NSAIDs, acetaminophen
  - physical therapy
  - acupressure
  - meditation/mindfulness breathing
- Discuss appropriate use
  - only for acute surgical pain
  - not for chronic pain, sleep or mood
- Discuss adverse effects
  - nausea, vomiting, constipation
  - risk of dependence
  - addiction
  - potential overdose
- Educate on proper storage and safe disposal
  - Learn where to SAFELY dispose of unused opioids at: Michigan-OPEN.org/takebackmap

Prescribing recommendations for opioid-naïve* surgical patients developed by Michigan-OPEN, based on Michigan Surgical Quality Collaborative’s patient-reported data and published studies.

*No opioid exposure 11 months before the perioperative period.

opioidprescribing.info

Download prescribing recommendations in PDF or Excel, sign up for notifications of updated recommendations and additional procedures.

Michigan-OPEN.org

Michigan OPEN is partially funded by the Michigan Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, and National Institute on Drug Abuse.
Q: Why am I being asked to change my opioid prescribing practices?
- Postoperative opioid prescribing varies significantly.
- Greater than 70% of prescribed pills went unused by patients.
- Patients who received smaller opioid prescriptions after the intervention reported using fewer opioids.

Q: Will I be asked to refill prescriptions more frequently if I initially prescribe fewer opioids?
- The probability of a patient refilling a postoperative opioid prescription was not correlated with their initial prescription amount.
- Surgeons could prescribe smaller opioid prescriptions without influencing the probability of a refill request.

Q: Will my patient satisfaction scores be impacted by prescribing fewer opioids?
- No correlation was found between NOAPS post-measures and postoperative opioid prescribing.
- Clinicians can feel empowered to reduce their initial opioid prescription without impacting patient satisfaction.

Q: How likely is persistent opioid use after surgery?
- Approximately 9-15% of opioid naive surgery patients continue to use opioids more than three months after surgery.
- Many patients continue to use their opioids for reasons other than pain.

Q: Is persistent opioid use after surgery associated with opioid-naive surgery patients and surgical complication that warrants increased attention?
- Yes.

---

**References**

How will the Michigan opioid laws impact your care?

BEFORE YOU RECEIVE AN OPIOID PRESCRIPTION, YOUR DOCTOR...

- Will educate you about the risks of opioid use
- Will have you sign a form stating you received the education
- Will only write a maximum 7-day prescription for acute pain
- Will run and review a MAPS* report of your medication history

*MAPS, Michigan Automated Prescription System, is a tool that tracks past and current prescriptions written for you.

[Michigan-OPEN.org]
Opioid prescribing after surgery in Michigan

- 60 pills on 1/1/2017
- 0 pills on 5/1/2018
Patient knowledge is high

- Sharing opioids: 97%
- Chronic pain: 97%
- Addiction: 87%
Gaps remain

- Respiratory effects: 33%
- Med Interactions: 13%
- Return to work: 27%
For the latest Opioid Prescribing
Recommendations for Surgery visit:

opioidprescribing.info

MSQC
OPEN
Do you know the facts about opioid pain medications?
Mindful Breathing can help manage pain and anxiety after surgery.

Aim to practice mindful breathing twice daily for ten minutes or more!

Setting a timer can help when first beginning.

1. Sit in a comfortable position
   - It may be helpful to close your eyes or to focus on an object.

2. Breathe in through your nose for 5 seconds
   - It may be helpful to count in your head "1, 2, 3, 4, 5."

3. Breathe out through your mouth for 5 seconds
   - Keep this rhythm and focus on your breath for ten minutes.

Positive Daily Reflection can help manage pain and anxiety after surgery.

How to start:

- Every evening think about the people, things, or events, that made you happy that day or in the past.
- Pick one of these and spend a moment savoring it. What made it so special to you?
- Record this moment by writing it on a slip of paper. Then place this slip of paper in a container, like a box or jar.
- Store the moments in the same way each evening for 30 days.

Cash in your memories!

- The night before surgery, pick 10 memories at random to read.
- Bring yourself back to this moment in time. Think about why this moment was special.
- After surgery choose 1-2 to read when feeling uncomfortable or in need of a little joy.

Michigan-OPEN.org
Millions of Patients Face Pain and Withdrawal as Opioid Prescriptions Plummet

By Robert Langreth
Will I be left in pain?

- Require pill return: 52% do not support, 30% support, 17% strongly support
- Prescribing limits: 26% do not support, 40% support, 33% strongly support
- Provider education: 20% do not support, 41% support, 38% strongly support
- Disclose opioid use: 8% do not support, 43% support, 50% strongly support
- PDMP review: 5% do not support, 41% support, 53% strongly support
Will patients dispose?

- Save medications for future use: 86% (with extra medication), 68% (without extra medication)
- Dispose of medications at home: 27% (with extra medication), 27% (without extra medication)
- Return to approved location: 36% (with extra medication), 13% (without extra medication)

Harbaugh et al. National Poll on Health Aging Report. 2018

**Deterra**® is the solution
Closing the loop on the pharmaceutical lifecycle

**Vetted, Endorsed, and Recommended**
- The manufacturers of Deterra have testified before a Joint Congressional Committee about at-home drug deactivation.
- The manufacturers of Deterra have testified before the FDA to amend recommendation to expand the use of at-home drug deactivation and disposal technology.
- Deterra is endorsed by the DEA Educational Foundation. The White House Office of National Drug Control Policy cited at-home deactivation technology in their Drug Control Policy 2.0.
- The President’s Commission on Combating Drug Addiction and the Opioid Crisis supported the use of drug deactivation pouches for disposal of unused prescription opioids.

**Put Into Use**
- Deterra was developed under a Small Business Innovation Research (SBIR) contract with the National Institute on Drug Abuse (NIDA).
- Attorneys General in Pennsylvania and Kentucky are currently distributing Deterra pouches throughout their states.
- Pending legislation has been put forth in multiple states to provide for at-home drug deactivation and disposal technology.
- Deterra enjoys many marquee clients in six market verticals.

The Deterra® drug deactivation system neutralizes drugs effectively, safely and quickly.

Each patented Deterra pouch contains a water-soluble inner pod containing MAT™ activated carbon. Once the pharmaceuticals are placed in the pouch, warm water is then added, which dissolves the inner pod releasing the activated carbon. The warm water will also help dissolve pills and draw the drugs out of patches.

1. Tear open pouch and place unused medications inside.
2. Fill pouch halfway with warm water and wait 30 seconds.
3. Seal pouch tightly, gently shake and dispose of in normal trash.

www.DeterraSystem.com

---

01 Open vial
02 Add warm tap water until vial is 2/3 full
03 Add DisposeRX Powder & shake for ~30 seconds, contents solidifies in <10 min.

Walmart

takeaway
MEDICATION RECOVERY SYSTEM
Percentage of Participants that Disposed of Leftover Opioid Medication

- Usual care
- Information Sheet
- Deterra Drug Deactivation System
Providers

Communities

Patients
www.Michigan-OPEN.org/takebackmap
Medication Take Back Event

Protect our teens against drug abuse and overdose by disposing of unused and expired medications.

Saturday, October 27
10:00 AM – 2:00 PM

Washtenaw County Locations

Ann Arbor
St. Francis Catholic School
2270 E. Stadium Blvd.

Whitmore Lake
Northfield Township
Community Center
9101 Main St.

Chelsea
Chelsea Retirement Community
805 W. Middle St.

Ypsilanti
West Willow Community Resource Center
2057 Tyler Rd.

This program is partially funded by the Blue Cross Blue Shield Foundation of Michigan.

To learn more about Michigan OPEN, please visit www.michigan-open.org
Stigma is recovery’s greatest enemy
Slipping Away. Noah Kieserman and Peter Scattini

The Boy in the Box. Jake Smith

Little White Pill. Noah Kieserman
Education and Outreach

• Effective dissemination of evidence
• Enhances implementation of policy
• Engages our communities to change culture
Thank you!

Learn more about our work: http://michigan-open.org