

## Background

- ❖ In an effort to combat the national opioid crisis, our State legislation passed House Bill 451 effective July 1 2019.
- ❖ It addresses medication overprescribing to decrease morbidity and mortality from opioid misuse, abuse and overdose.
- ❖ The law has several requirements including:-
  - ❖ Discussion of non-opioid alternatives
  - ❖ Review of the Prescription Monitoring Drug Program (PMDP) database
  - ❖ Providing an Alternatives to Opioids educational pamphlet prior to prescribing, ordering, dispensing or administering a Schedule 2 controlled substance.
  - ❖ When discharging inpatients, a 3 day supply of opioids is recommended with up to 7 days permissible with documentation of acute pain exception.

## Objectives

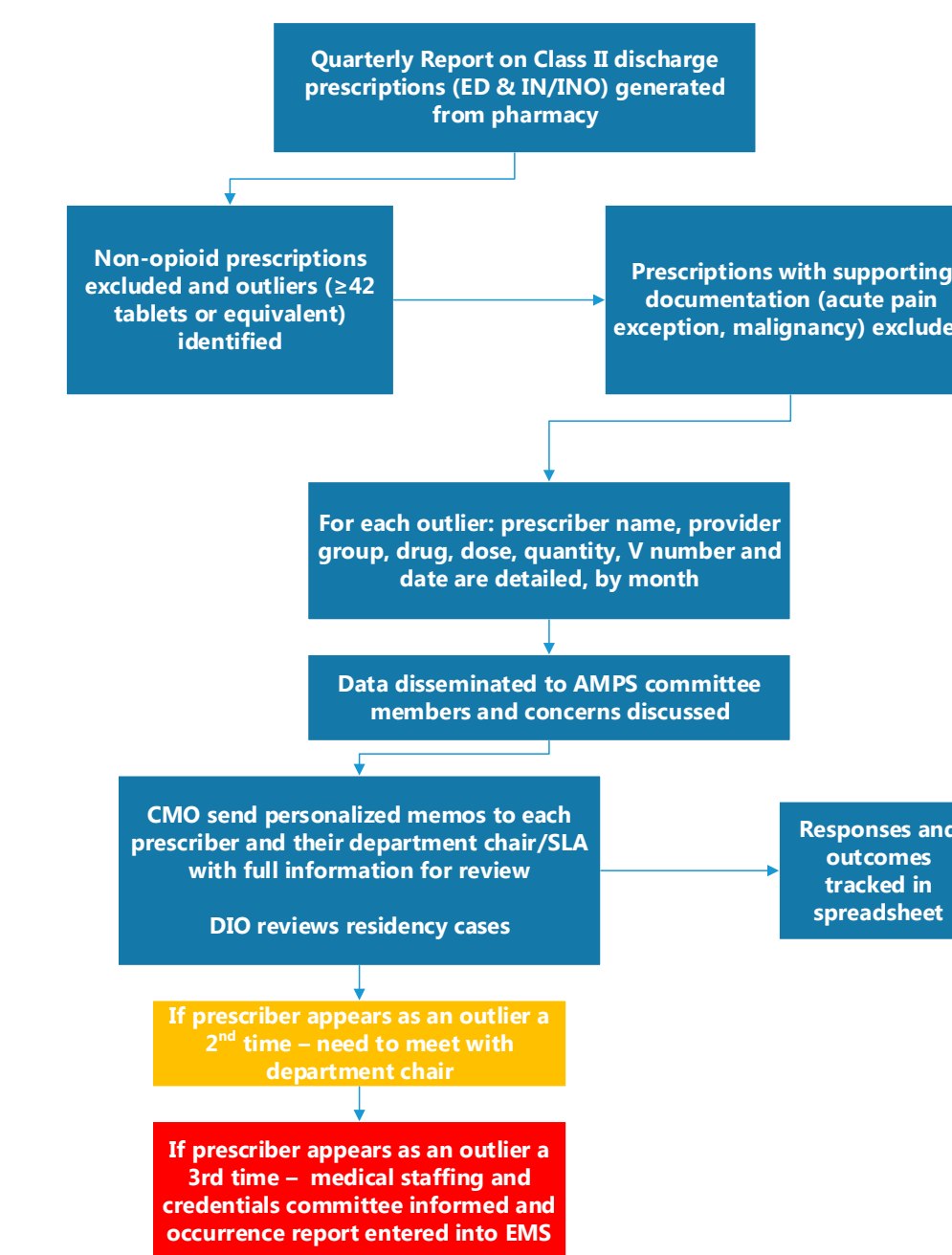
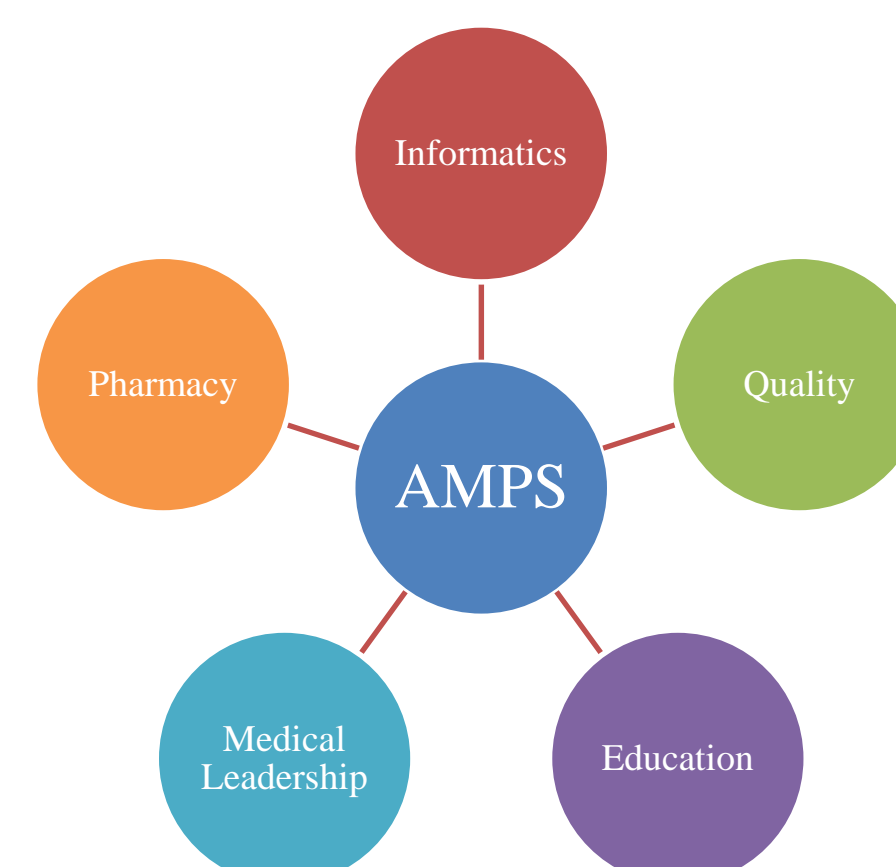
- ❖ To describe the development and implementation of processes to meet the State House Bill 451 requirements.
- ❖ To examine changes in discharge prescriptions within an urban community-based hospital.
- ❖ Develop surveillance system to monitor prescribing patterns and outliers per Joint Commission R3 requirements.

## Methods

- Institutional Oversight**
  - A multidisciplinary committee was formed to address opioid stewardship and data review.
- Education to Prescribers**
  - Information was disseminated via email to medical staff and residents from the CMO over 3 consecutive months.
- Leveraging Informatics**
  - Review of processes and feedback from prescribers used to identify tools that could be used to improve processes.
- Prescription Monitoring**
  - Quarterly reports of all inpatient discharge prescriptions were generated, reviewed and outliers identified.

## Results

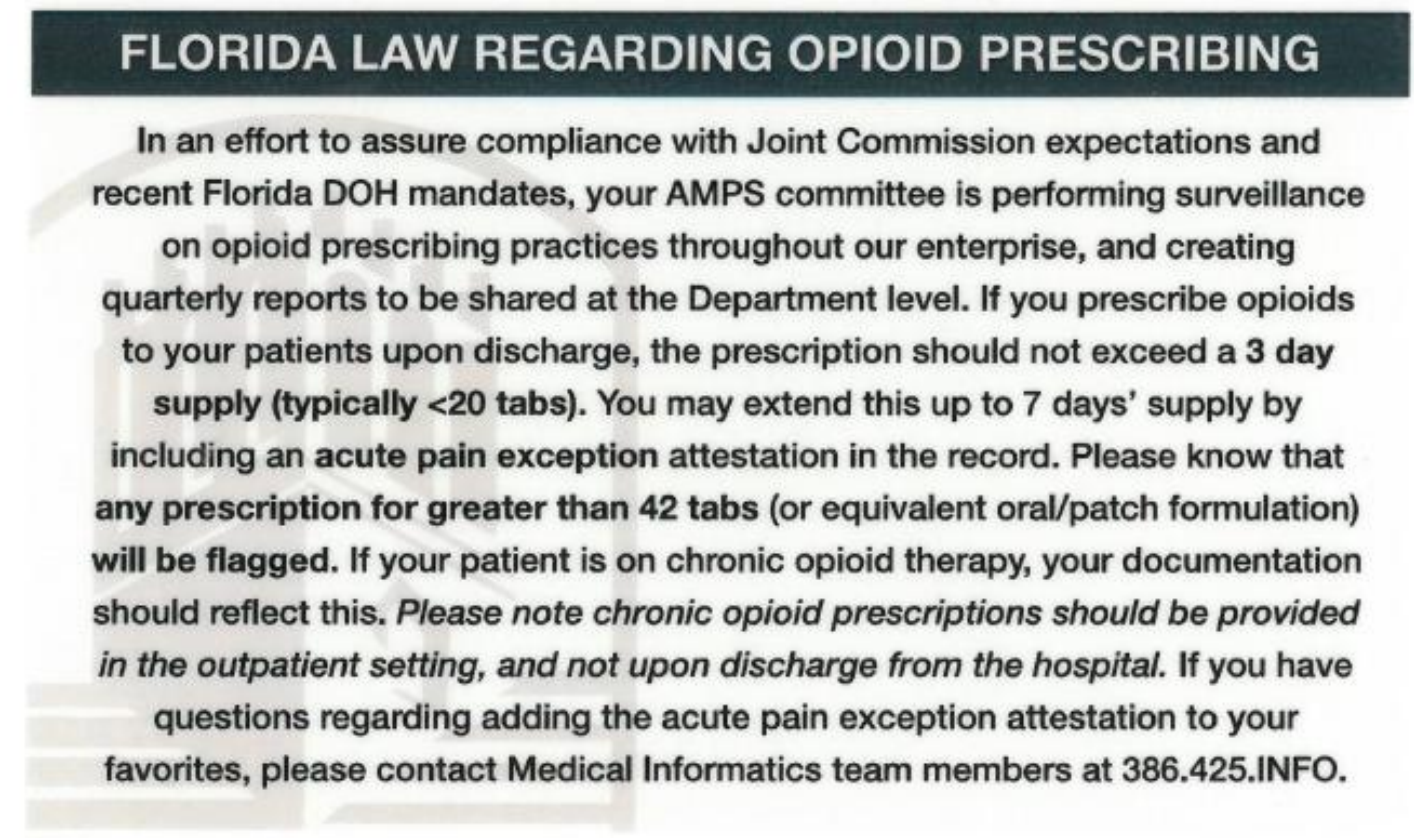
### Institutional Oversight



### Education to Prescribers

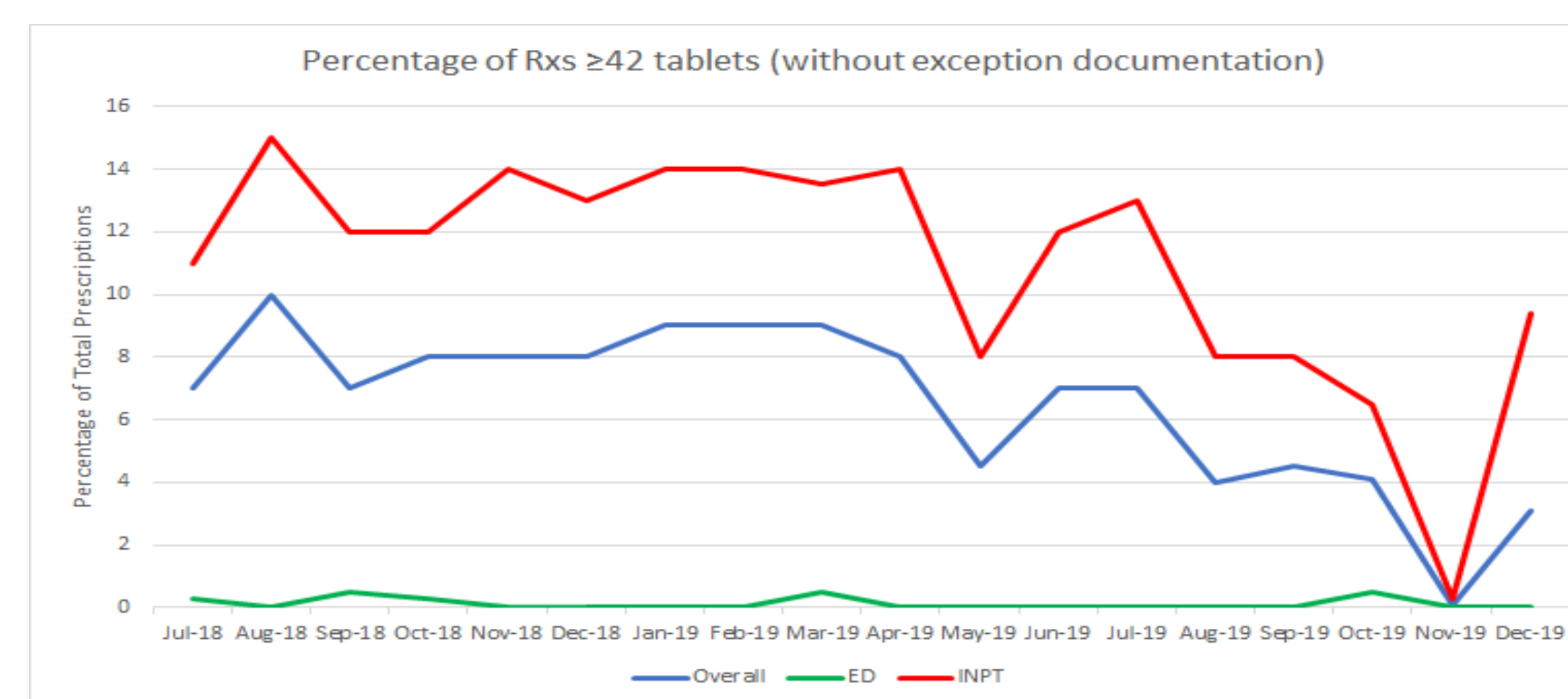
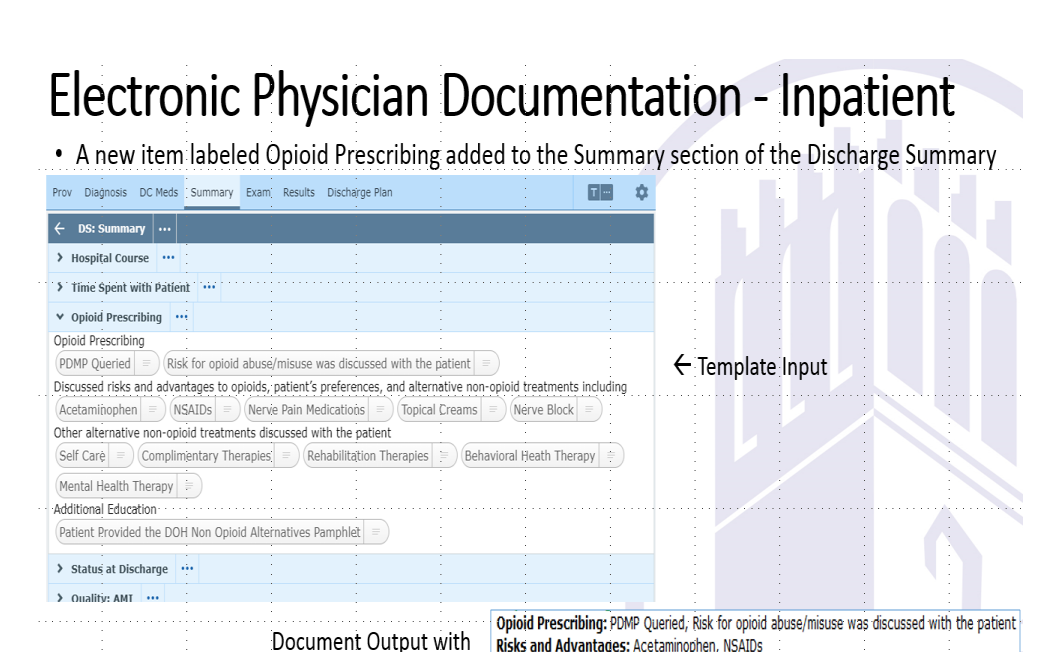
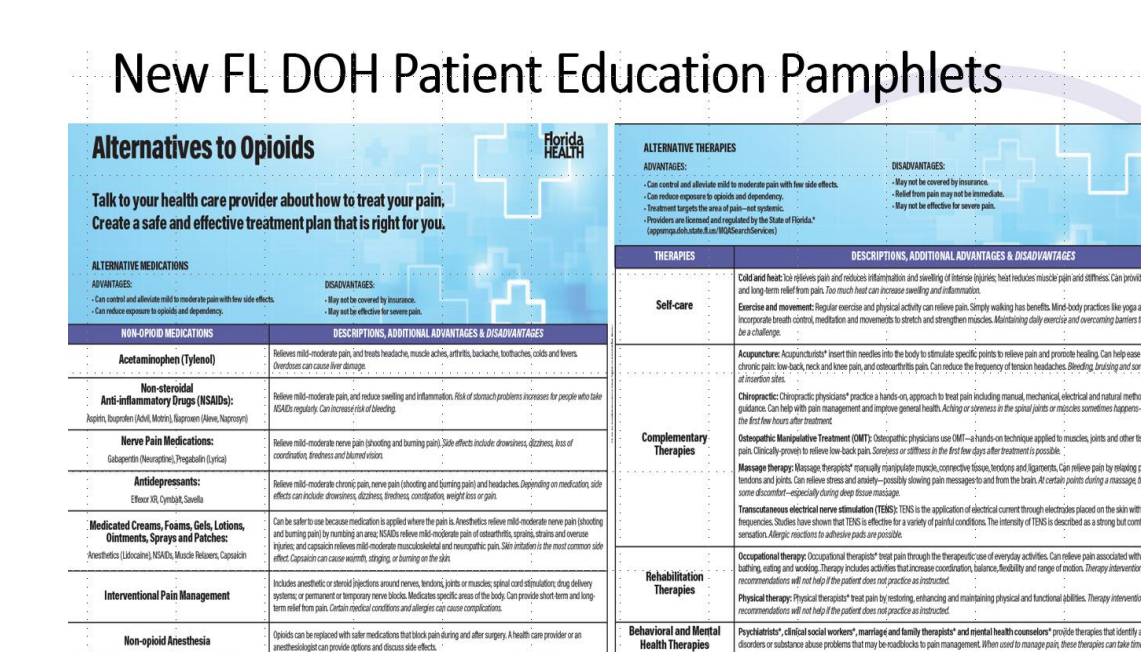
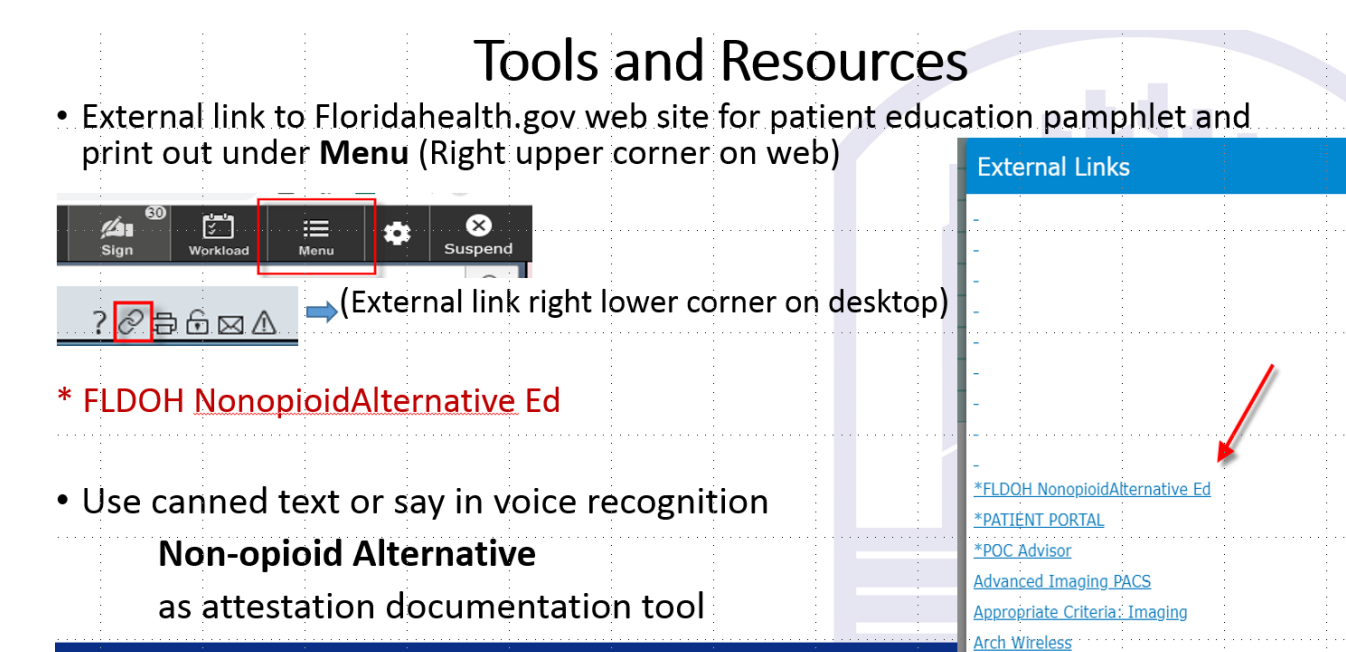
- Emails from CMO over 3 consecutive months.
- Information provided overview of regulations, requirements
- In person education during medical staff meeting

Posted in Multiple Physician Dictation Areas



### Leveraging Informatics – Feedback obtained 3 months after new bill

Challenge	Solution
Multiple inefficient steps in using Florida E-FORCSE PDMP site	PDMP link embedded into Electronic Health Record (EHR)
Extra documentation burdens with ordering opioids	Developed ‘one-click and save’ preference option versus Dragon voice recognition or canned text editing documentation
Too many steps to print required Florida DOH education pamphlet	Developed meaningful clinical decision support and efficient workflow in EHR to print



- Individualized feedback sent to prescribers for ≥42 tablets or equivalent with unique visit number, patient information, prescription details
- Overwhelming majority of cases failed to document malignancy or acute pain exception
- Significant drop in ‘outlier’ prescriptions (z=3.04, p<0.05)
- Compared to previous year, 40% decrease in total number of opioid pills prescribed

## Conclusions

- ❖ Changing prescribing patterns due to required counseling of non-opioid alternative treatments of acute pain meaningfully impacted prescribing behavior practices.
- ❖ Patient's shared decision making with informed understanding of non-opioid alternatives and potential adverse effects of opioid use significantly decreased the quantity of prescribed opioids for all hospitalized patients at discharge.
- ❖ Next steps include ongoing surveillance of prescriptions; we anticipate that in response to the individualized feedback the number of ‘outliers’ due to lack of documentation for malignancy or acute pain exception will continue to decrease.