

Aligning Medication Safety with State Regulations

Carol White, Pharm.D. BCPS, BCGP, CPHIMS; Samuel Drzewianowski, MBA; & Barbara Coughlin, DNP, MBA, RN



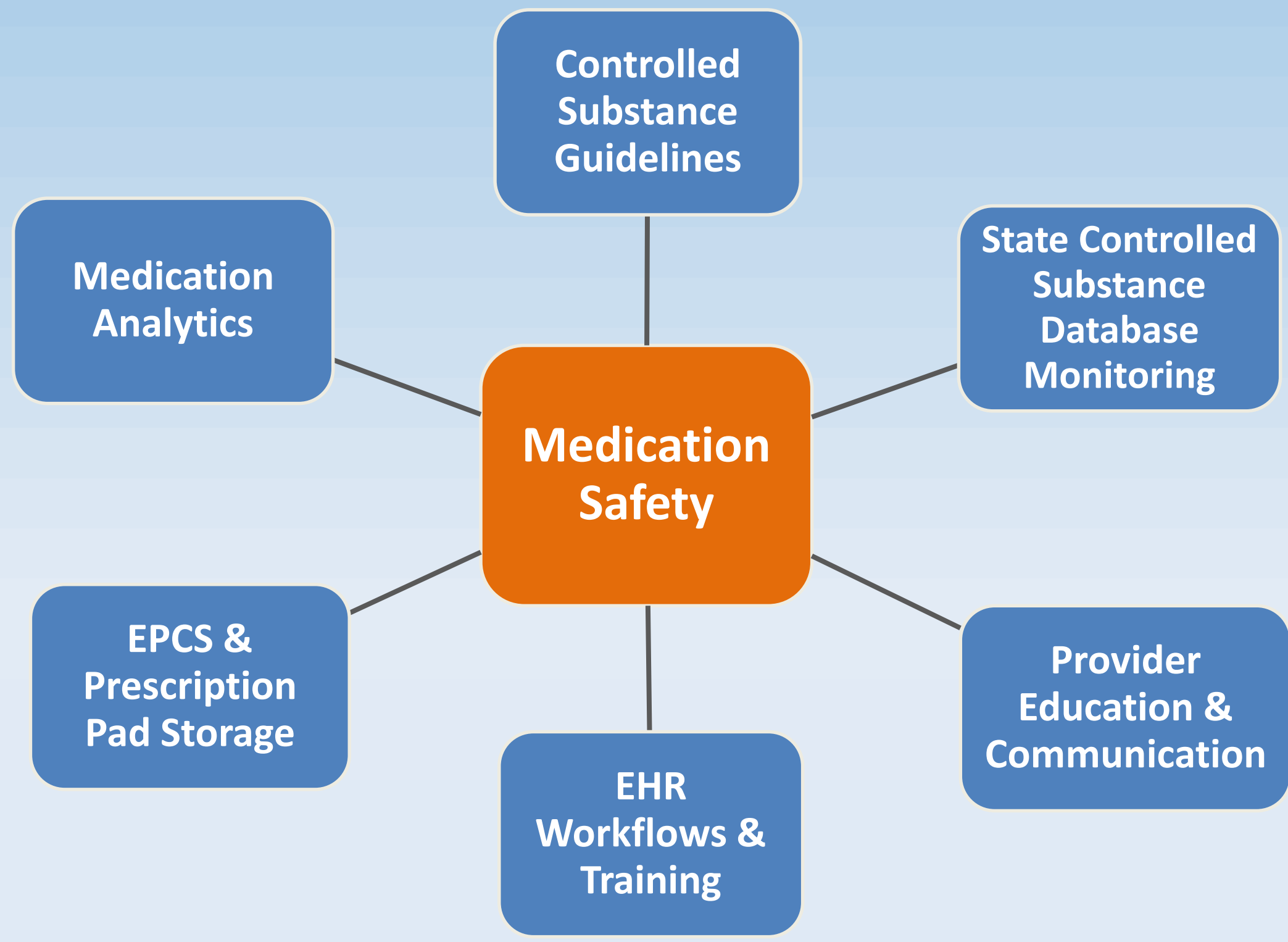
Hospital Corporation of America (HCA)
Physician Services Group (PSG)
Nashville, TN

BACKGROUND AND PURPOSE

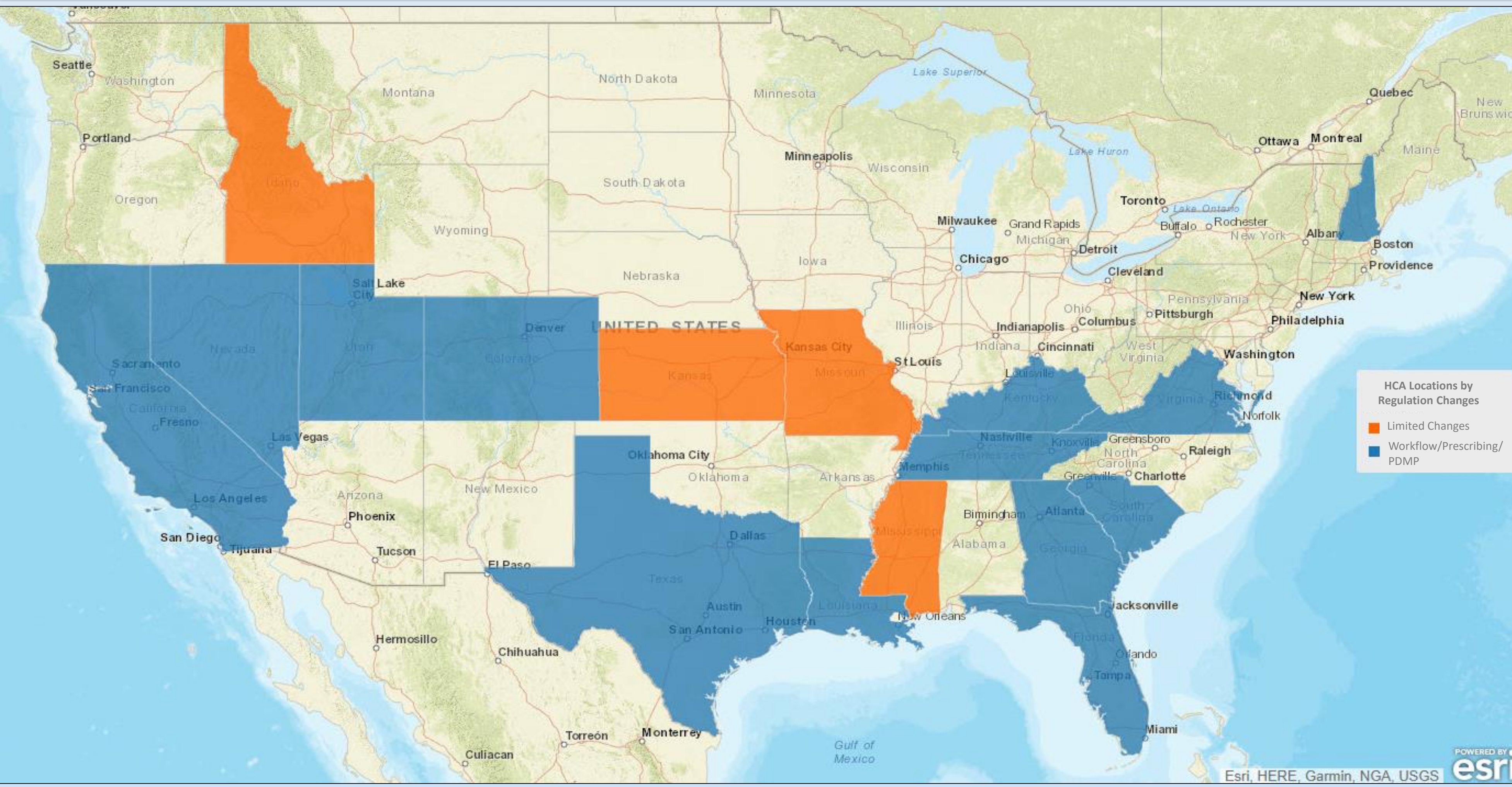
There is much publicity about the current **opioid crisis** in the United States. Per the Centers for Disease Control (CDC), nearly **2 million Americans** either abused or were dependent on prescription opioids in 2014.¹ Although there is agreement in the existence of a **national epidemic**, the approach for addressing the crisis **varies state-by-state**.

HCA Physician Services Group (PSG) operates over 1,200 practice locations in 16 states, which makes it challenging to maintain compliance with varying state regulations. PSG has developed a **multi-faceted approach** to addressing controlled substance prescribing, including **medication analytics, electronic health record (EHR) workflows** to capture provider compliance with state and HCA PSG regulations, **targeted provider education and communication, electronic prescribing of controlled substances (EPCS), and prescription pad storage policies**. Additionally, we have updated our Controlled Substance Guidelines, that were originally developed in 2014, to reflect our more conservative approach to prescribing.

MULTI-FACETED APPROACH FOR MEDICATION SAFETY



HCA LOCATIONS IMPACTED BY STATE REGULATION CHANGES



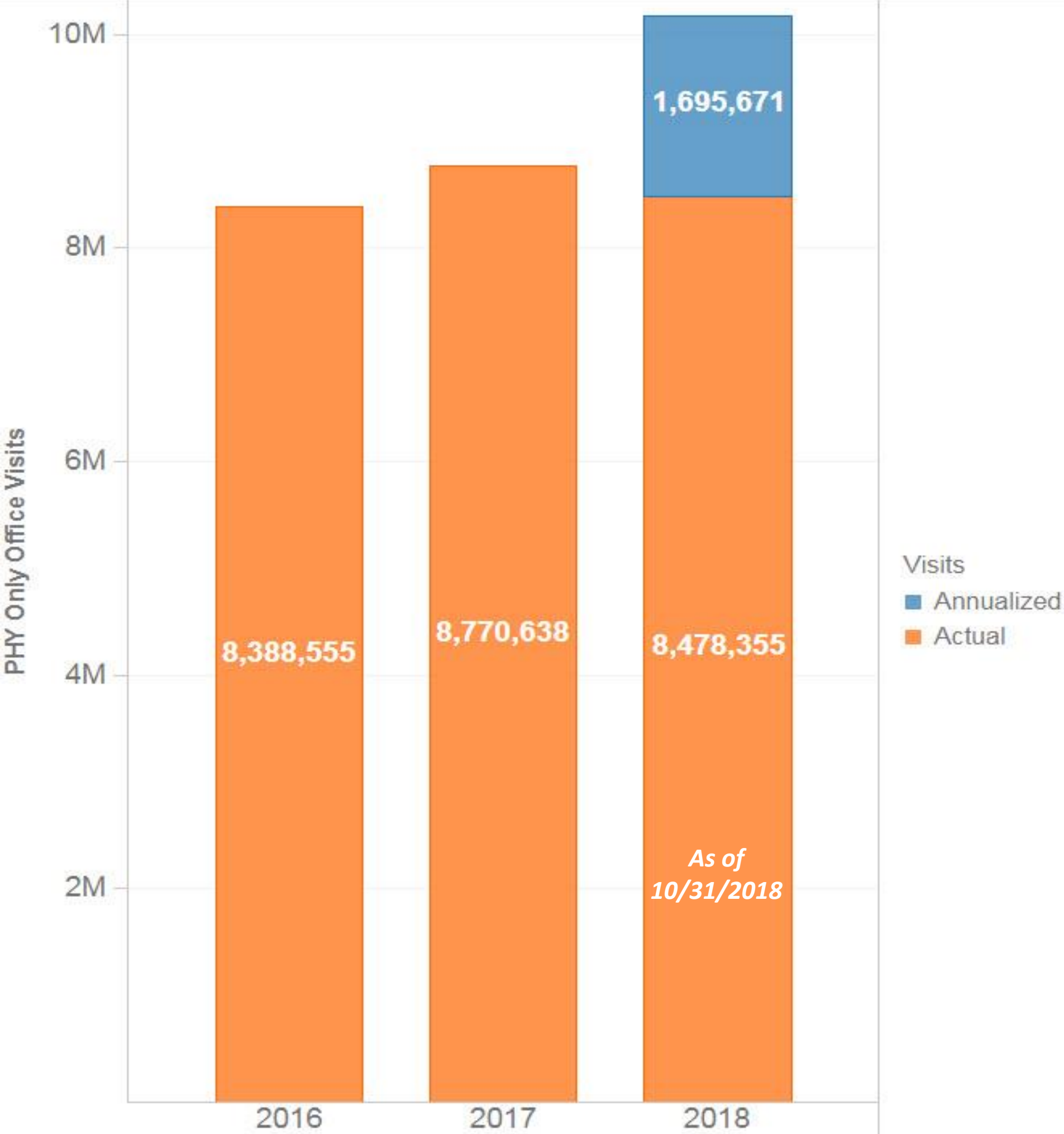
Over the last few years, several states have enacted **state-specific requirements to limit the number of controlled substances that a provider can prescribe, mandate the frequency of reviewing the state databases, and require specific documentation in the electronic medical records and information to be included on the prescription transmitted to the pharmacy.**

Provider education of these varying state regulations will be key to adherence as these variations will continue to complicate the best approach to provide safe, effective care to all of our 11.9 million patient encounters, many of which suffer from acute and chronic pain.

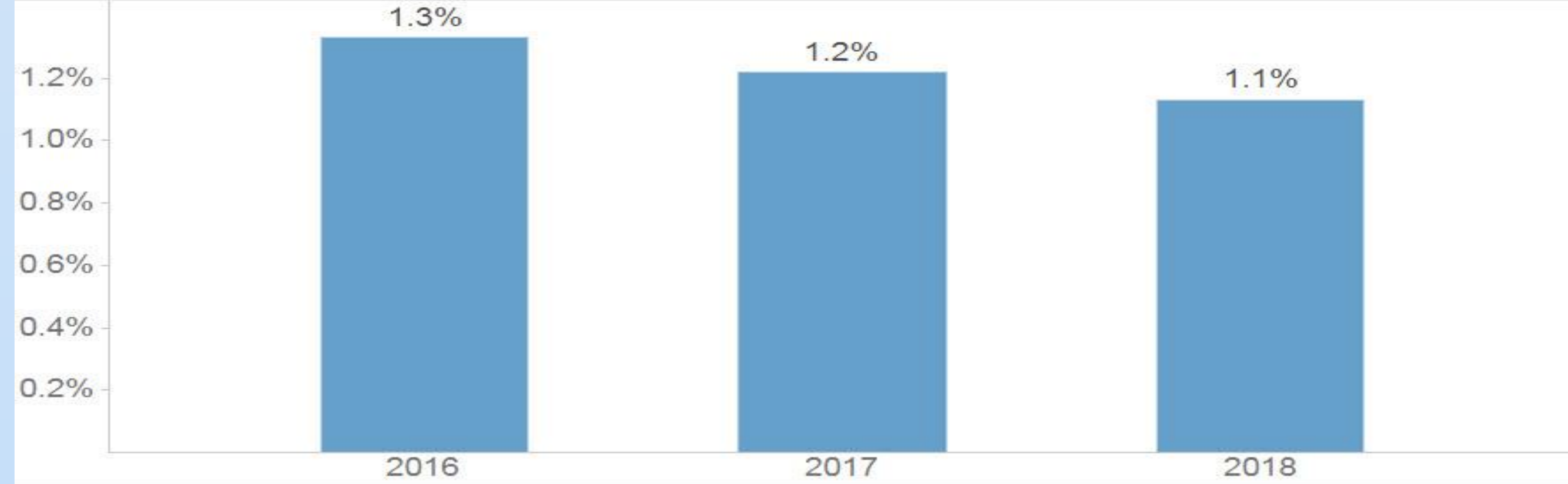
RESULTS

* 2018 data as of 10/31/2018

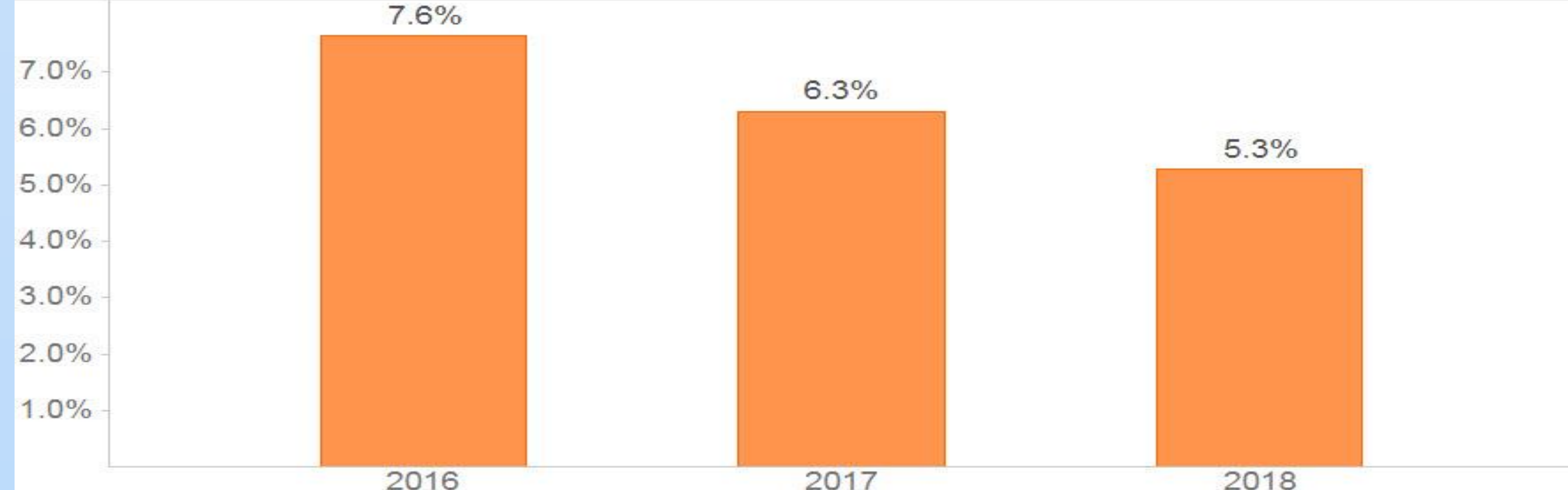
HCA Physicians Office Only Visits



% of Controlled Substance Patients on MME >=90



% of Prescribing Patients on an Opioid



CURRENT STATUS

Annual review of PSG controlled substance guidelines, along with quarterly data sharing with prescribers, clinical and operational leadership, has yielded **continuous decline in at-risk prescribing** (any prescription with Morphine Milligram Equivalent (MME) >90/day) over the last two years. For individual prescribers, additional patient-level data is shared to identify those patients with highest risk and education is provided to reinforce appropriate documentation and prescribing habits. Local **physician champions** have been invaluable to assist in provider education.

Current state now also includes **identification of high risk patients based on cumulative MME calculation, combination opioid and benzodiazepine prescriptions, and controlled substance prescribing for patients over 65 years of age**. In addition, compliance with monitoring PDMP, controlled substance contract, and pain assessment documentation have been added to EHR workflows & medication analytics dashboard to help track compliance with controlled substance guidelines and identify opportunities for improved documentation.

Finally, as state regulations change, new functionality, including **EPCS and easier access to state PDMP databases**, along with new workflows are being embedded into the EHR to aid providers in maintaining compliance and increased monitoring of this patient population.

RISK

- Limited visibility into prescribing trends for disparate EHRs that do not have data populated into the electronic data warehouse (EDW).
- Prescriptions handwritten and given to patient or faxed, or those prescriptions called into the pharmacy, without appropriate documentation in the EHR are not captured in the data.
- Lack of visibility into prescribing trends for prescribers associated with new practice acquisitions.
- Deficiency in EHR ability to structure and capture data for state-specific regulatory compliance.

NEXT STEPS

- Collaborate with Graduate Medical Education program to develop additional training and education for layered learning model.
- Continue work with quality and compliance to ensure alignment with state and federal regulations.
- Expand data capture to include EHRs associated with our Urgent Care Clinics and other disparate EHRs.
- Utilize new visualization tools, as available, to enhance the end-user access and ability to interact with the data.

CONCLUSIONS

The **opioid epidemic is a healthcare crisis** that we are all working to address. Recent state legislative changes have introduced new opportunities for increased monitoring and compliance. Utilizing data, functionality, and workflows available through our EHR has provided a unique way to **partner with prescribers** in quality improvement opportunities to **improve prescribing and compliance**.

REFERENCES

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- 2015 National Survey on Drug Use and Health (SAMHSA).
- The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Florence CS, Zhou C, Luo F, Xu L. Med Care. 2016 Oct;54(10):901-6.
- Individual state legislation

DISCLOSURE

Authors of this presentation have nothing to disclose concerning the possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation. Carol White, Sam Drzewianowski, Barbara Coughlin: Nothing to disclose.

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