University of Chicago Medicine's Pain Stewardship Program

Background

- More than 40 people die each day from overdoses involving prescription opioids.[1]
- The CDC recommends opioid daily dosage not exceed 50 morphine milligram equivalents (MME) with the prescription duration lasting no more than seven days for acute pain. [1]
- UChicago's current average maximum days of opioids prescribed to non-chronic patients at time of discharge is 7.44, with some exceeding the 50 MME dose per day recommendation.
- In the fall of 2016, UChicago began a Pain Stewardship program to not only combat the opioid epidemic, but also develop the framework for robust pain care across the care continuum.
- The committee has since grown, resulting in a strong program with continuous prioritization of new interventions.

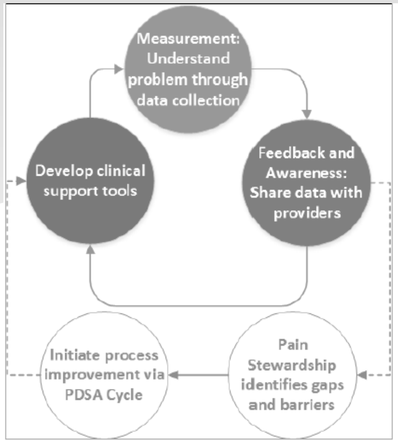
Aims

- Provide institutional oversight of pain care and foster multidisciplinary collaboration.
- Cultivate institutional memory founded in evolving evidence and implementation medicine.
- Minimize unintended consequences.
- Improve value of care.
- Reduce institutional risk.

Foundation

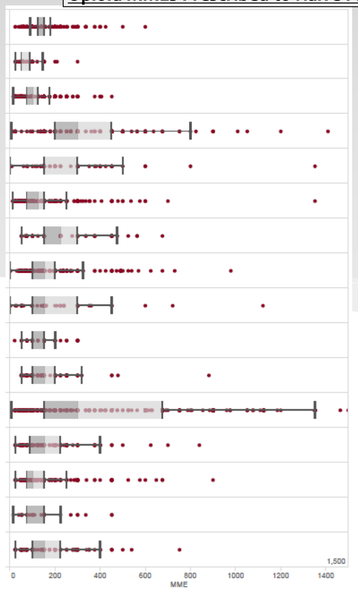
1. Prior to initiating intervention work, the committee identified a unified approach to pain care as the conceptual framework for the stewardship process.

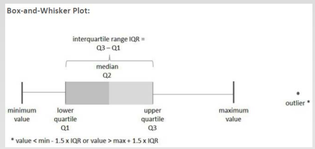
➢**Identify** – therapy mismatch and patients with potentially high pain care needs
➢**Implement** – modern pain care and patient engagement
➢**Intervene** – resources when patients fail to meet therapeutic goals



2. The Pain Stewardship committee then focused its work on defining the appropriate data metrics, ensuring high fidelity data, and creating reports. This resulted in a procedural and outpatient report, which has been provided to prescribers quarterly since February 2017 and has increased stakeholder engagement.

Opioid MMEs Prescribed to Naïve Procedural Patients by Service Line





These box-and-whisker plots show the range of opioid MME e-prescribed to opioid naïve adult patients who have had a procedure within 24 hours before or after admission and were discharged within 30 days by service line. Outliers greater than 2,000 MME are excluded.
Data Source: Epic (Clarity) & CFQDW

[1] https://www.cdc.gov/drugoverdose/pdf/guidelines_at-a-glance-a.pdf

Expansion

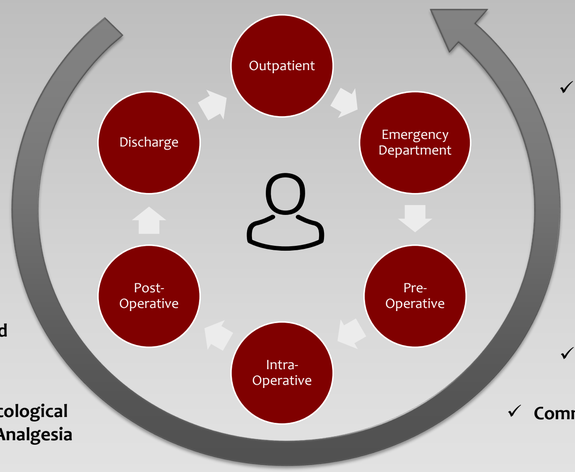
As Pain Stewardship has grown, the focus has continued to expand across the care continuum.

Historical Project Highlights:

- **Pain Screening Questions**: Two screening questions in pre-op, inpatient, and Emergency Department areas focused on opioid use over the last seven days and patient's pain over the last 30 days.
- **MedSafe® Return Bin**: Medication return bin placed outside of outpatient pharmacy, resulting in over one ton of medications being returned.
- **Pre-operative Multi-Modal Analgesia**: Acetaminophen, Gabapentin, and Diclofenac added to all pre-op order sets with utilization tracking added to procedural prescribing reports as of January 2018.
- **IL-PMP**: Integration of IL-PMP into Epic for easier provider access at the point of prescribing.
- **Palliative Care/Anesthesia Committee Collaboration**: Collaboration across committees on key pain management interventions such as epidural standardization, pain assessment documentation and education, and methadone guidelines.
- **Patient Education**: Inclusion of handouts, pain management videos, and relaxation videos/music at the bedside through the patient's TV monitor.

Planned Interventions

✓ **Patient/Provider Agreements**
✓ **Opioid Misuse Risk Assessment**
✓ **Clinical Care Analgesic Pathway (Acute & Chronic Patients)**
✓ **Procedure Analgesic Pathways**
✓ **Procedure Targeted Opioid Interventions**
✓ **Non-Pharmacological Multi-Modal Analgesia**



✓ **Prescriber Feedback & Benchmarking**
✓ **Prescriber Clinical Decision Support & Education**
✓ **Weaning Protocols**
✓ **Naloxone Co-Prescribing**
✓ **Cognitive Order Sets**
✓ **Community Engagement**

Evaluation

- Monitor initial opioid exposure by tracking the average number of maximum days' supply of the initial opioid prescription for non-chronic opioid therapy patients.
- Total number of scripts written (balancing measure).
- Length of stay (as it relates to pain being the reason for not meeting the anticipated date of discharge).
- Readmissions and Emergency Department visits.
- Decrease of IV opioid use.
- Adverse events.
- Inpatient Naloxone use.

Acknowledgements

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