
Saint Vincent Medical Group

Opioid Prescribing Policy

One Mission. One Integrated Ministry. One Ascension.



375,617

1713



The Medical Licensing Rules

MKA1

The MLB rules take effect on December 15, 2014 and apply to:

- Any patient taking **>60** opioid pills per month for ≥ 3 mo
- Any patient taking a morphine equivalent dose (MED) of **>15 mg** for ≥ 3 mo
- Non-abuse deterrent sustained release hydrocodone
- Transcutaneous opioid patches
- Tramadol when **> 60 MED ≥ 3 mo**

Slide 5

MKA1

Since this has already occurred, would it be reasonable to change "take effect" to "were effective"

Morrison-Kline, Karie A, 10/24/2017

SVMG Historical Experience with Opioid prescribing

- Unhappy and Unsafe providers
 - Selection/Screening of patients causing animosity
 - Providers felt in a no win situation
 - Concerns with abuse, overprescribing, provider disciplinary actions
 - Threatening behavior at times from patients
 - No resources to wean or be educated
- Unhappy and Unsafe patients
 - Patients not educated about the reasons why some prescribing was unsafe
 - Patients prescribed unsafe doses of opioids by well intentioned providers
 - Minimal understanding of dangers of co-prescribing with Benzodiazepines
 - No resources to be weaned or educated

Initial Reaction to 2014 MLB Rule

- Educate Providers of requirements
- Educate Office Staff
 - Meetings, UDT, Assessment tools,
- Educate patients
 - Inform current pain patients new rules

Maximum Doses of Chronic Pain Medications that do not require MLB monitoring (falls under threshold)

- Hydrocodone 2.5/325 #60/month
- Hydrocodone 5/325 #60/month
- Hydrocodone 7.5/325 #60/month
- Oxycodone/Acetaminophen 5/325 #60/month
- Oxycodone 5mg #60/ month
- Morphine Sulfate Immediate Release 15mg #30/month (take ½ tab BID)
- Tramadol <300mg/day

Proposal for SVMG Providers to do more and go beyond the MLB Rule

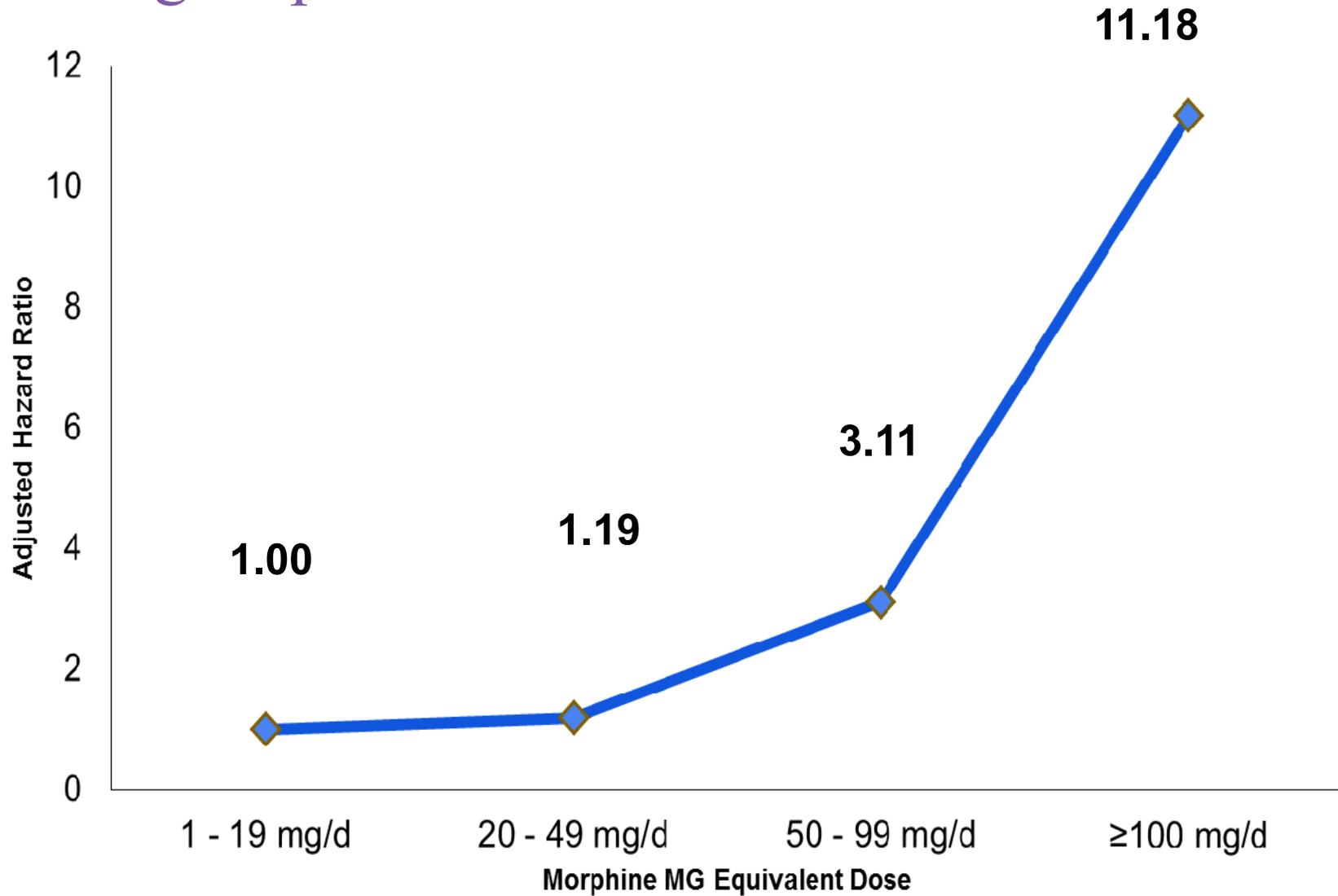
- Develop and adopt an Opioid Policy with some evidence based principles
 - Consider an Opioid Ceiling
 - Prohibit Methadone?
 - Avoid co-prescribing benzo/opioids
 - Develop guideline based on current evidence
 - Avoid opioids in back pain, Headache, Pelvic pain etc.
- Develop support for our clinicians through pharmacy
- Dr. LaHood to do 1h CME for every region
- CME events for further pain management education
- Organize ancillary service resources for chronic pain
- Work with AIMS/ER to ensure they are aware of our policies and communicate our concerns
- Optimize Athena flowchart/ print forms

National Safety Counsel White Paper

Evidence for the Efficacy of Pain Medications

- **NO EVIDENCE** of Benefit for Opioids used >4mo
- No evidence of decreased suffering- No overall improvement in back & neck pain disability
- Denmark Study- Chronic Opioid Treatment users had a higher pain, lower QOL, less functional

High Opioid Dose and Overdose Risk



- A complex medication with a long half-life, highly variable pharmacologic properties and many drug-drug interactions
- It represents:
2% of opioid prescribing
- It is responsible for:
30% of opioid-related deaths





Origination: 10/2016
Last Approved: 10/2016
Last Revised: 10/2016
Owner: *Kimberly Hughes: Executive Administrative Assistant*
Department: *Operations*
References:
Applicability: *St. Vincent Medical Group*

Narcotics - Guidelines and Policy for Safe and Responsible Pain Management

- Treatment of Acute Pain
 - Discuss Risks, limit prescribing, 3-7 days supply, perform inspect.
- Treatment of Chronic Pain <15mg Morphine Equivalent Daily Dose
 - Discuss Risks, avoid in under 21, document benefit outweighs risk, consider CSR.
- Treatment of Chronic Pain <15mg Morphine Equivalent Daily Dose for >3 mos
 - Conform with state prescribing guidelines under MLB Rule.
 - FTF encounter if dose goes above 60 MED, consider specialist referral, revise treatment plan and discuss increased risk of adverse outcomes.
 - AVOID prescribing dose >90 MED per day. Immediately wean or refer to pain specialist. Consider addiction treatment if wean fails.
 - AVOID prescribing Methadone for chronic pain. All patients on Methadone must have pharmacy evaluation for weaning.
- Wean or DC controlled substances while continuing non-opioid care when dealing with substance abuse.
- Consider termination of care when there are concerns for violence, falsified prescriptions or other concerns.



Official Communication

from the office of Aaron Shoemaker, M.D., Chief Medical Officer

The medical group has been evaluating the evidence on both the benefits and the harms of chronic opioid prescribing. Friday, October 14th you received an email and/or text video message announcing the policy governing opioid prescribing for the St. Vincent Medical Group. The primary reason for the policy is to make care safer for our patients and our communities. Attached is the policy which was referenced.

The 3 primary takeaways for the policy are:

1. Limiting chronic opioid prescribing to less than or equal to 90 mg morphine equivalents daily (= to 90mg hydrocodone or 60mg oxycodone/oxycontin daily).
--There is little data to support higher dosing and copious data showing exponential risk for overdose and harm.
--This dose ceiling is consistent with the CDC's latest recommendation.
2. Methadone prescribing is prohibited.
--Due to complex pharmacokinetics, methadone is involved in 30% of overdose cases while making up only 2% of opioids prescribed.
3. Continue to follow current Indiana law for prescribing chronic opioids >15 mg morphine equivalents daily.

We plan to support the practices with resources in education for the next 4 months. During that time you will be able to wean or refer patients over the threshold or on Methadone. Educational resources include:

1. CME event with Dr. Amy LaHood 11/12/16. See attached.
2. Personalized education on site with Dr. LaHood if desired to work on strategies to deal with problems.
3. Weaning protocols from a pharmacist for complex or difficult patients.
4. We also have a sharepoint site with both provider and patient education resources: <https://dovenet.stvincent.org/sites/SVMG/CP/SitePages/Home.aspx>

Please let us know if you have concerns. We are working to ensure that we "do no harm".

Thank you for all you do.

Registration

To register, please visit:
<https://2016safeandresponsibleoutpatienttreatmentofpain.eventbrite.com>

For more information, contact Suzanne Brown, St. Vincent Medical Group 317.583.3409 or sxbrown1@stvincent.org. Cost is \$35.00 for non-St.Vincent providers.

Cancellation

While the conference is free of charge for SVMG Employed Providers, we ask that you cancel within 72 hours. For non-SVMG employed providers, cancellation received 72 hours in advance will be refunded.

Hotel Information



Renaissance Hotel
11925 N. Meridian St.

Program Director

Amy LaHood, MD, MPH
St. Vincent Medical Group

Faculty

Lina Avendano, PT, MHS, DPT, OCS,
FAAOMPT

Sarah Jenkins, PhD, HSPP
Palmer MacKie, MS, MD, FNG
Karie Morrical Kline, PharmD
Erica Leazenby, MD

Planning Committee

Suzanne N. Brown, B.S.
St. Vincent Medical Group

Amy LaHood, MD, MPH
St. Vincent

Jane Mikosz, St. Vincent Hospital,
Consultant
Continuing Medical Education

Charles Purdy, MD
St. Vincent Medical Group

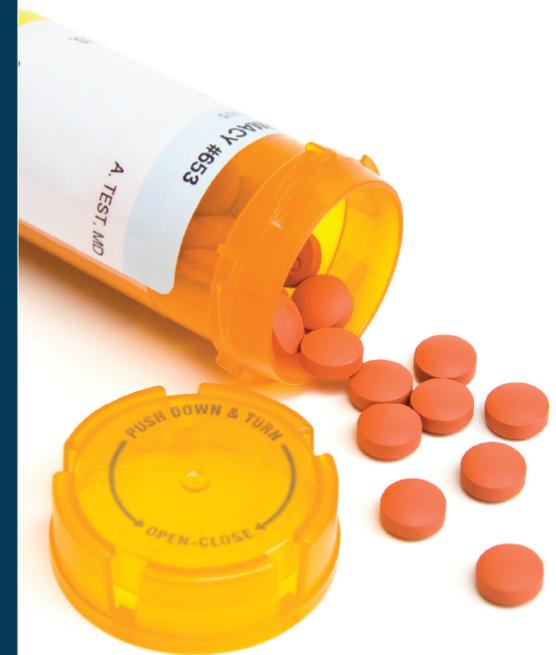
Aaron Shoemaker, MD, CMO
St. Vincent Medical Group

stvincent.org

Safe and Responsible Outpatient Treatment of Pain

Presented by St. Vincent Medical Group

Saturday, November 12, 2016
Renaissance Hotel
11925 N. Meridian St.
Carmel IN 46032



 St. Vince

Opioid Weaning Schedule for: Oxycodone extended release

Starting dose: Oxycodone extended release 60mg BID + hydrocodone 10/235mg up to 4 times a day as needed

Patient name: Sample Wean DOB: xx/xx/xxxx

	Morning dose	Evening/bedtime dose
	Weeks 1-8 use Oxycodone extended release 40mg and 10mg tablets	
Weeks 1-4	Take 60mg (40mg + 2-10mg) tablet(s)	Take 50mg (1-40mg + 1-10mg) tablet(s)
Weeks 5-8	Take 50mg (1-40mg + 1-10mg) tablet(s)	Take 50mg (1-40mg + 1-10mg) tablet(s)
	Weeks 9-12 use Oxycodone extended release 30mg and 15mg tablets	
Weeks 9-12	Take 45mg (1-30mg + 1-15mg) tablet(s)	Take 45mg (1-30mg + 1-15mg) tablet(s)
	Weeks 13-16 use Oxycodone extended release 40mg tablets	
Weeks 13-16	Take 40mg (1-40mg) tablet(s)	Take 40mg (1-40mg) tablet(s)
	Weeks 17-20 use Oxycodone extended release 20 and 15mg tablets	
Weeks 17-20	Take 35mg (1-20mg + 1-15mg) tablet(s)	Take 35mg (1-20mg + 1-15mg) tablet(s)
	Weeks 21-24 use Oxycodone extended release 30mg tablets	



phew.

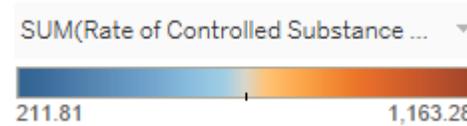
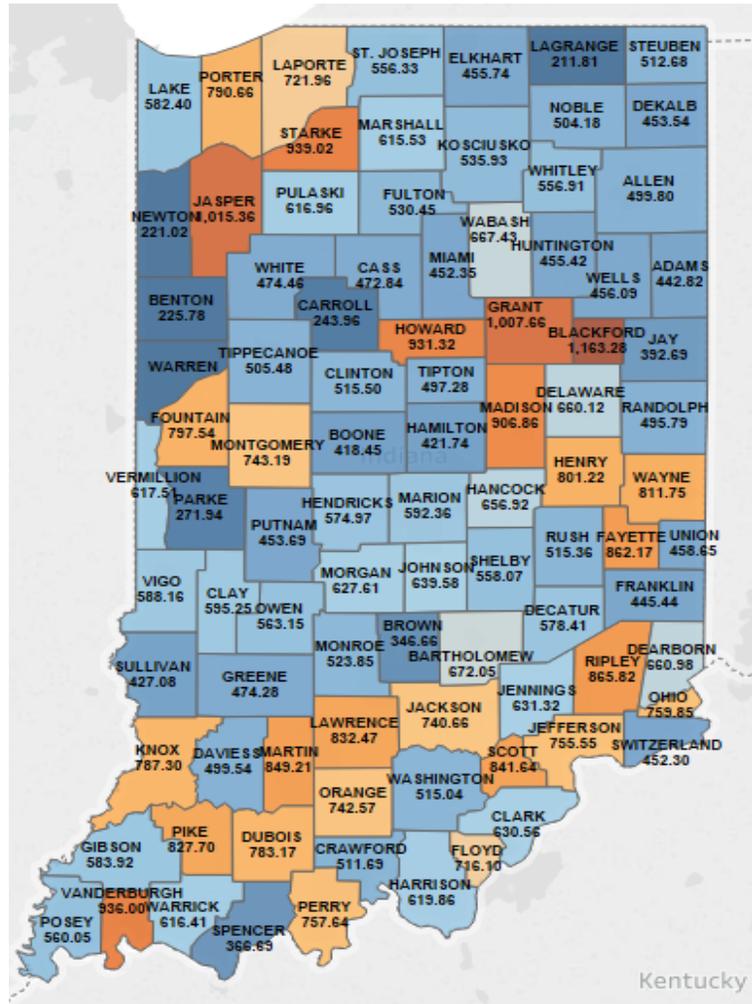
Compliance Monitoring and Outcomes

- Zero incidence of provider disciplinary actions in 12 months
- No increase in patient dismissals
- Monitoring of patients over threshold quarterly with individual lists to ensure patients are on weans if > 90 MED (some recommended weans were longer than the 4 month wash out period)
- >100 identified high risk patients with specific weans written by pharmacy implemented
- Utilization of pharmacy driven protocols for patients on moderate doses of opioids have been common
- Patients satisfaction scores have actually increased during this period of implementation

Next steps

- Updated for 2017 Indiana Law SB226
 - No chronic opioids to children <18 and may not be for >7 days in acute cases
 - 1st time prescribing of opioid must not exceed 7 days
 - Exemption Documentation
- Saint Vincent Evansville Medical Group
 - Adopted similar standards based off this work 7/17 and is implementing
 - Using the same process
- Hancock Physician Network
 - In the process of evaluating SVMG policy for potential utilization
- Heightened efforts in Vanderburgh, Howard and Lawrence Counties with deeper integration with ER prescribing (next slide)
- Pharmacy efforts continue
 - Adding Benzodiazepine weaning tool

2Q2017- Rate of Opioid Prescriptions (per 1,000)



Definitions:

- Prescription (Rx): instructions written by a medical practitioner that authorizes a patient to be provided a medicine or treatment.
- Dose: a quantity of a medicine or drug taken or recommended to be taken at a particular time.

Data Notes:

- Rates are not inclusive of Naloxone/Narcan administration.
- Rates are not adjusted by age or terminal illness diagnoses.
- **Data are based upon the location of the pharmacy where the prescription is filled.** This may or may not be where the prescription is written or where the individual receiving the prescription resides.
- Opioids are inclusive of all opioid drugs on Schedules II – V.

Population from 2015 census data

Source: Indiana Professional Licensing Agency-INSPECT Prescribed Controlled Substance Reports. Indiana State Department of Health, Division of Trauma and Injury Prevention.

*Graphs prepared by IHA with INSPECT data received from ISDH

