

The Role of Acute Care Prescribing in the Opioid Epidemic

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Funding and Disclosures

- Funding

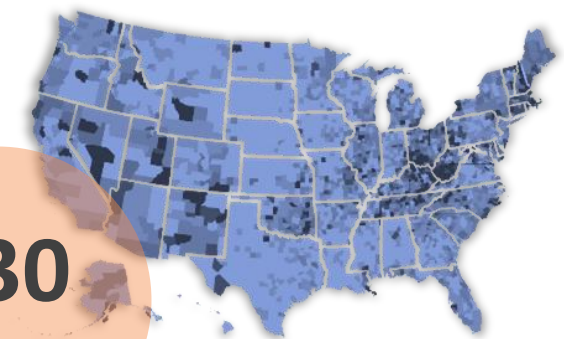
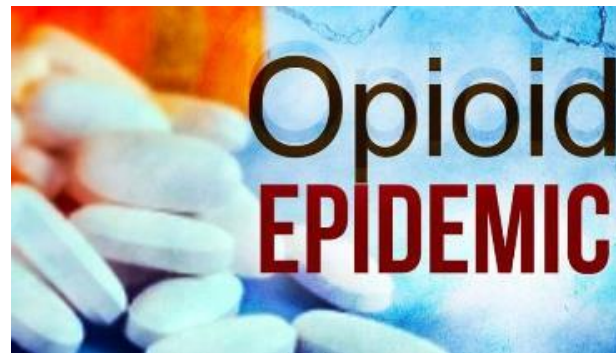
- NIAMS/NIH: R01 AR060392; P50 AR070600
- NIDA/NIH: R01 DA038261; R01 DA042859
- Michigan Department of Health and Human Services
- SAMHSA
- CDC
- Precision Health Initiative
- Department of Anesthesiology
- Neuros Medical, Inc

- Disclosures

- Patent for the use of peripheral perineural dexmedetomidine alone and in combination with local anesthetics. Application number 12/791,506; Issue Date 4/2/13; Patent Number 8410140
- Consultant- Heron Therapeutics



Opioid overdose kills
more individuals than those involved
in fatal motor vehicle accidents.

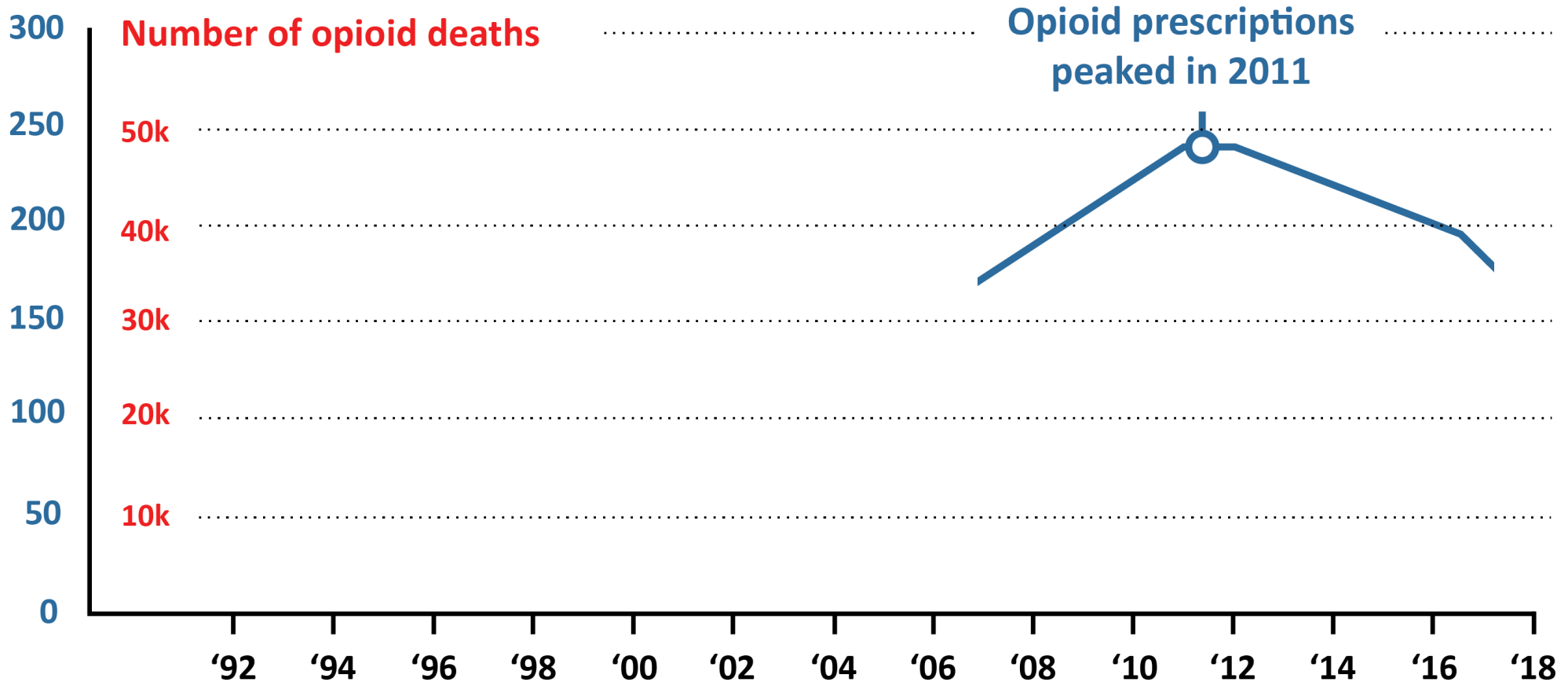


130
AMERICANS

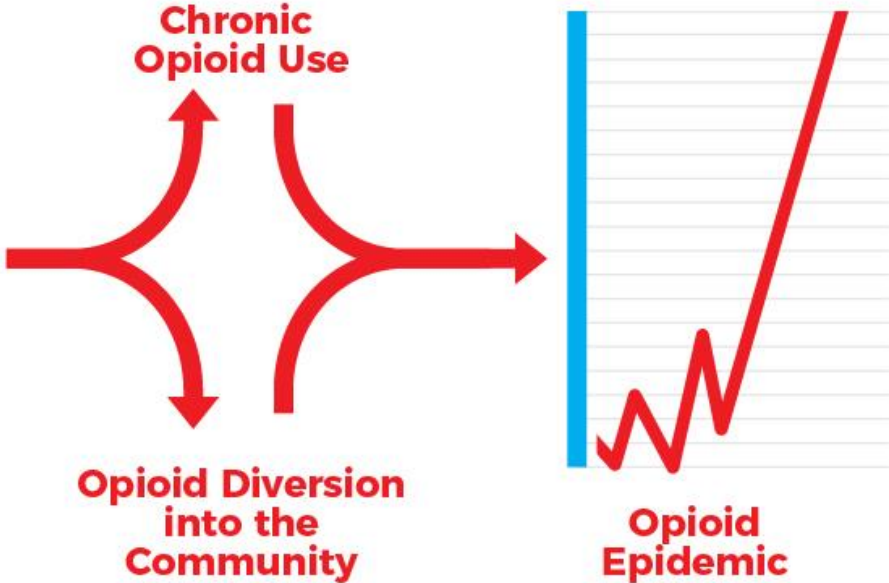
die every day from
an **opioid overdose**
(that includes prescription
opioids and heroin).

Prescribing and Overdose Timeline

MMEs* dispensed
(billions)

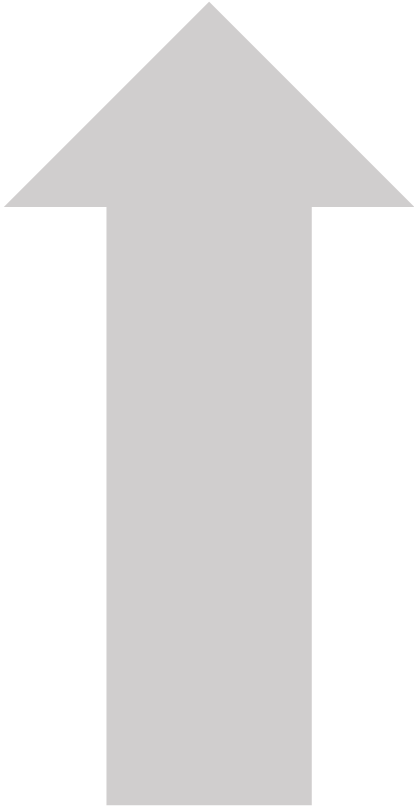


Preventing Chronic Opioid Use and Abuse Before it Starts



Current Strategic Efforts

Acute care prescribing 2010-2016



Change in % of new
opioid Rx 2010-2016

+ 17.6%

OMEs in Rx
2014-2016

396 → 403



+ 68%

153 → 154



+ 2.4%

197 → 226



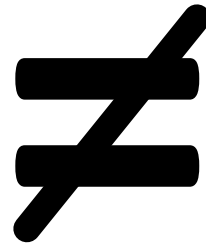
- 8.2%

380 → 283

Why do surgeons prescribe too much?



The amount of opioid prescribed after surgery was not associated with patient satisfaction or refill rate



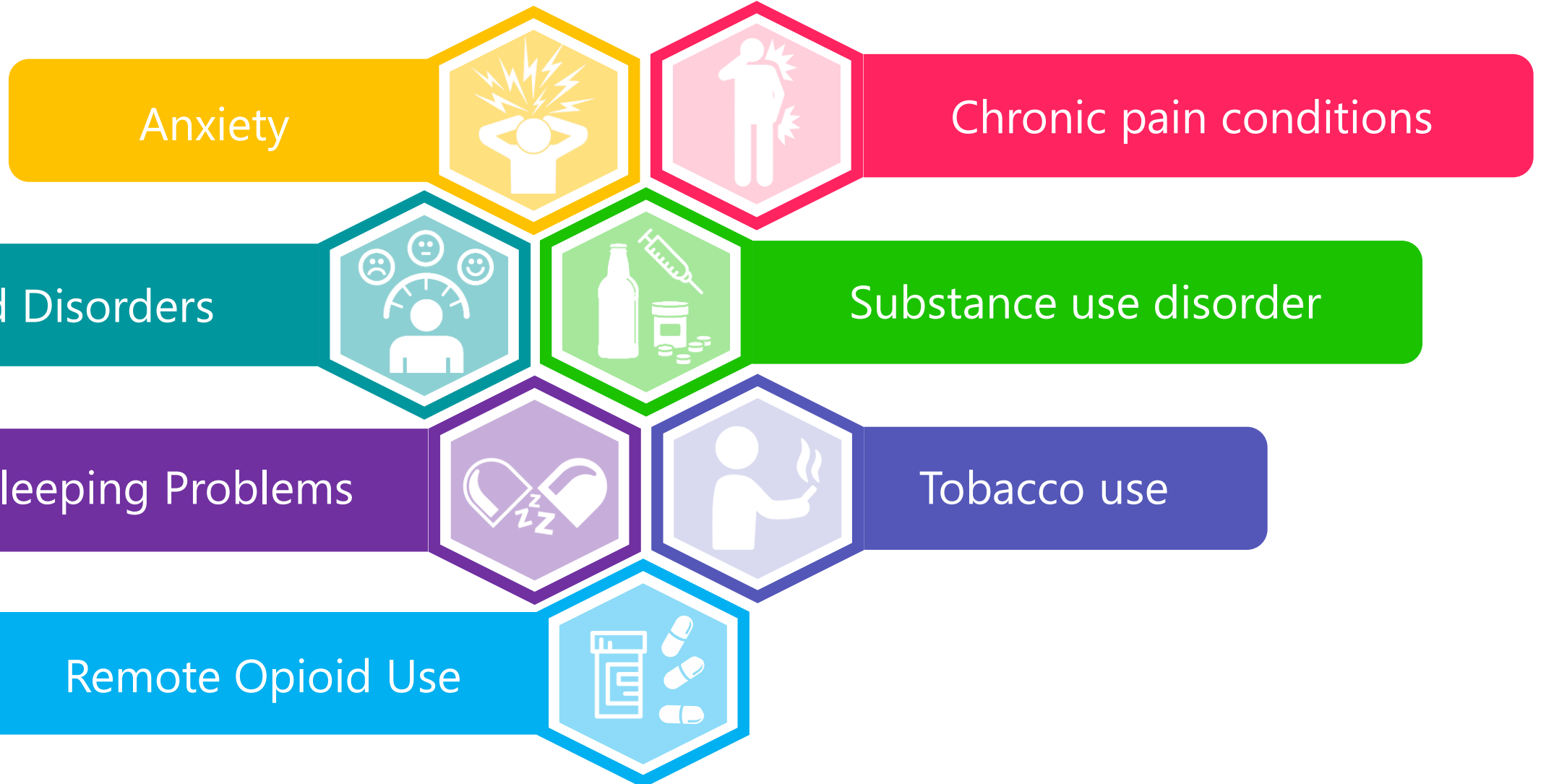
New Persistent Opioid Use



6%

Brummett CM et al. *JAMA Surg.* 2017; 152(6).

Who is at Risk for New Chronic Opioid Use?



Postoperative Prescribing Practices Influence Outcomes



Increased amount of opioid prescribed




Increased opioid consumption



Preoperative opioid use



Increased risk of refill and new chronic use



High prescribing



Increased risk of new chronic use



Can we improve prescribing?

Yes

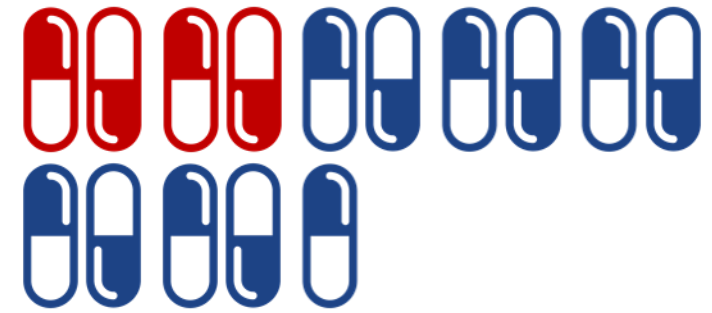


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Guidelines

50 pills → 15 pills



Average Prescribed
Average Consumed



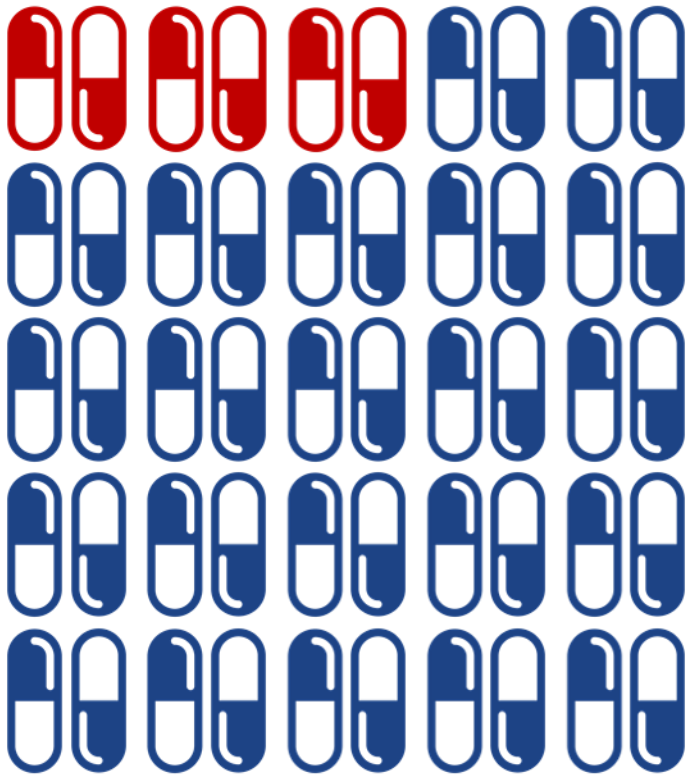
No change in calls
for refills (3-4%)



No change in patient-
reported pain scores



Patients consumed
fewer pills



Guidelines

50 pills → 15 pills



Average Prescribed
Average Consumed



No change in calls
for refills (3-4%)



No change in patient-
reported pain scores



Patients consumed
fewer pills

Supersize it!



David Marchiori, Esther K. Papies, Olivier Klein, The portion size effect on food intake. An anchoring and adjustment process?, *Appetite* (2014), doi: 10.1016/j.appet.2014.06.018

370
Patients

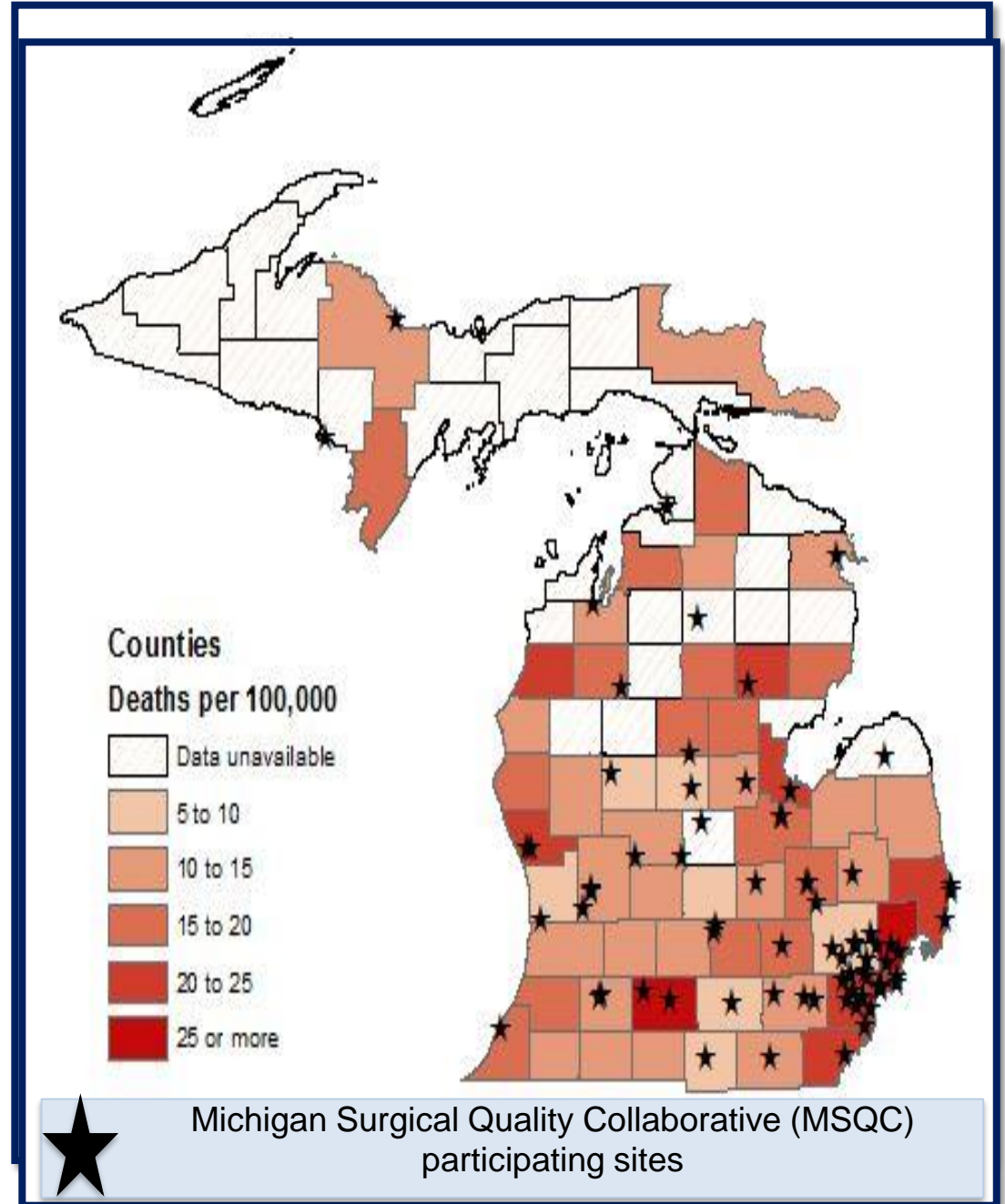
x

↓ 35 pills
per patient

= **13,000** pills kept
out of the community

MSQCC

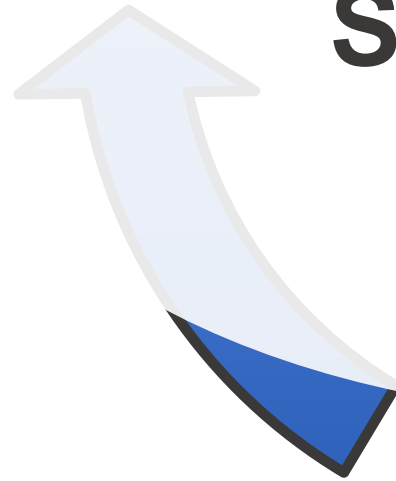
Michigan Surgical Quality Collaborative



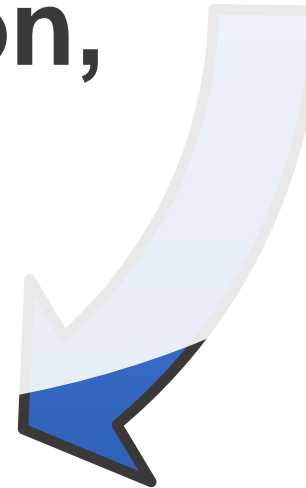
Reductions in
patient opioid
consumption

New prescribing
recommendations
based on patient
consumption

**Monitor
Satisfaction,
PROs**



Reductions in
opioid prescribing



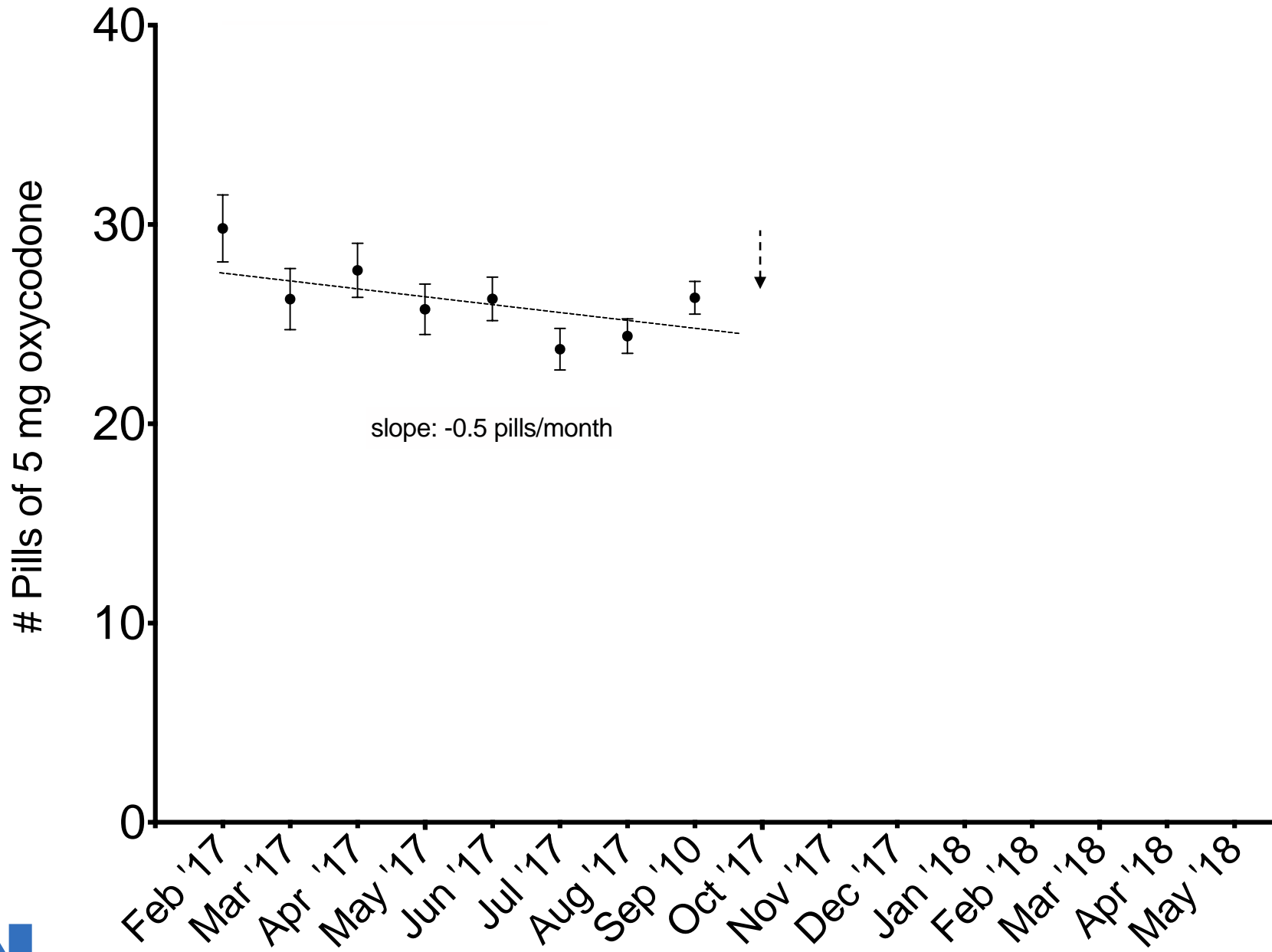
Prescribing Recommendations

UPDATED 2019

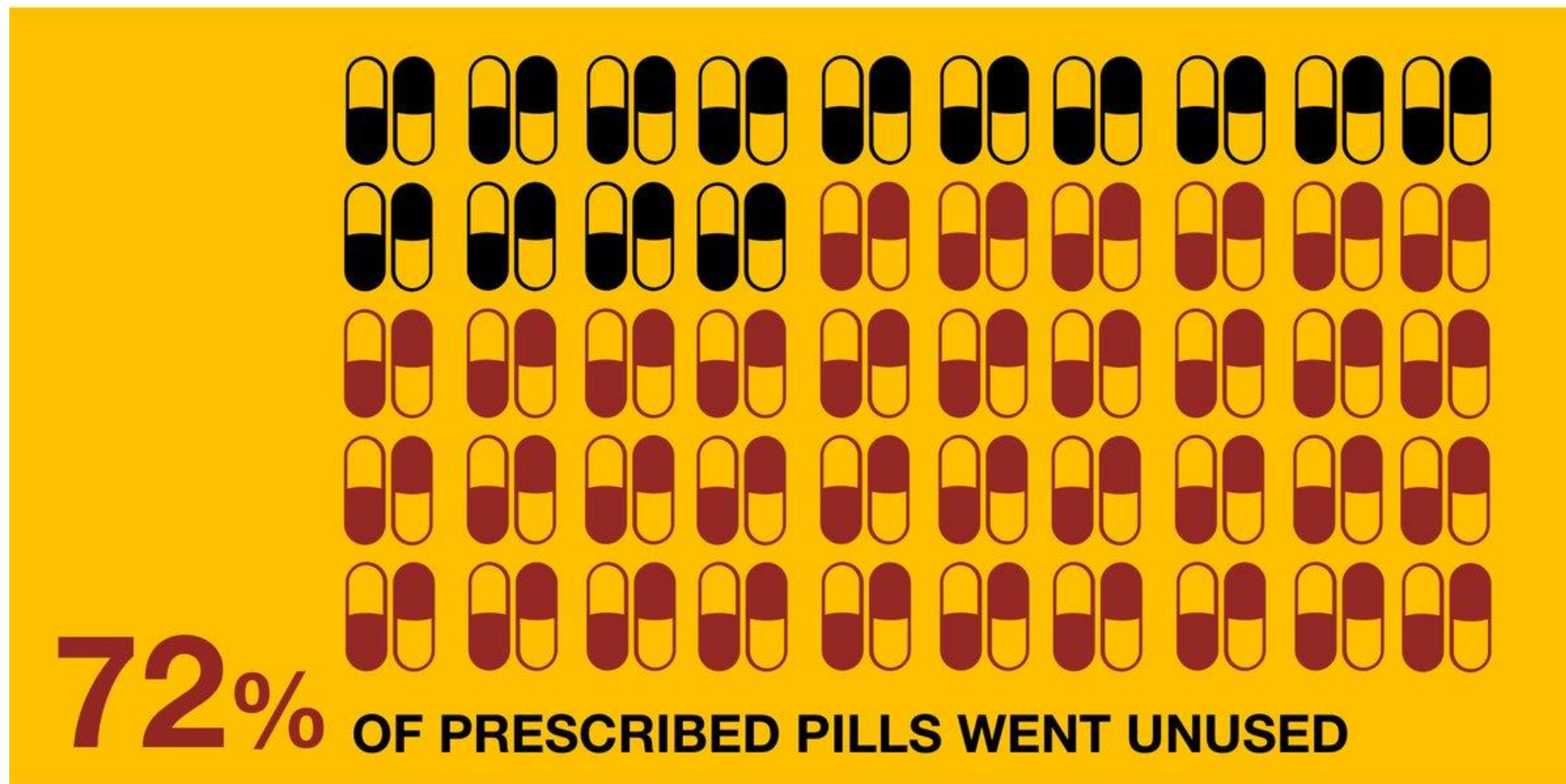
Procedure	Oxycodone* 5mg tablets
Dental Extraction	0
Thyroidectomy	0 - 5
Laparoscopic Anti-reflux (Nissen)	0 - 10
Appendectomy – Lap or Open	0 - 10
Laparoscopic Donor Nephrectomy	0 - 10
Hernia Repair – Major or Minor	0 - 10
Sleeve Gastrectomy	0 - 10
Laparoscopic Cholecystectomy	0 - 10
Open Cholecystectomy	0 - 15
Colectomy – Lap or Open	0 - 15
Ileostomy/Colostomy Creation, Re-siting, or Closure	0 - 15
Open Small Bowel Resection or Enterolysis	0 - 20
Prostatectomy	0 - 10

Procedure	Oxycodone* 5mg tablets
Carotid Endarterectomy	0 - 10
Cardiac Surgery via Median Sternotomy	0 - 15
Cesarean Section	0 - 15
Hysterectomy – Vaginal, Lap/Robotic, or Abdominal	0 - 15
Breast Biopsy or Lumpectomy	0 - 5
Lumpectomy + Sentinel Lymph Node Biopsy	0 - 5
Sentinel Lymph Node Biopsy Only	0 - 5
Wide Local Excision ± Sentinel Lymph Node Biopsy	0 - 20
Simple Mastectomy ± Sentinel Lymph Node Biopsy	0 - 20
Modified Radical Mastectomy or Axillary Lymph Node Dissection	0 - 30
Total Hip Arthroplasty	0 - 30
Total Knee Arthroplasty	0 - 50

*If prescribing hydrocodone 5mg, the number of tablets remains the same as listed above.



Most Opioids Prescribed for Outpatient General Surgery Procedures Go Unused



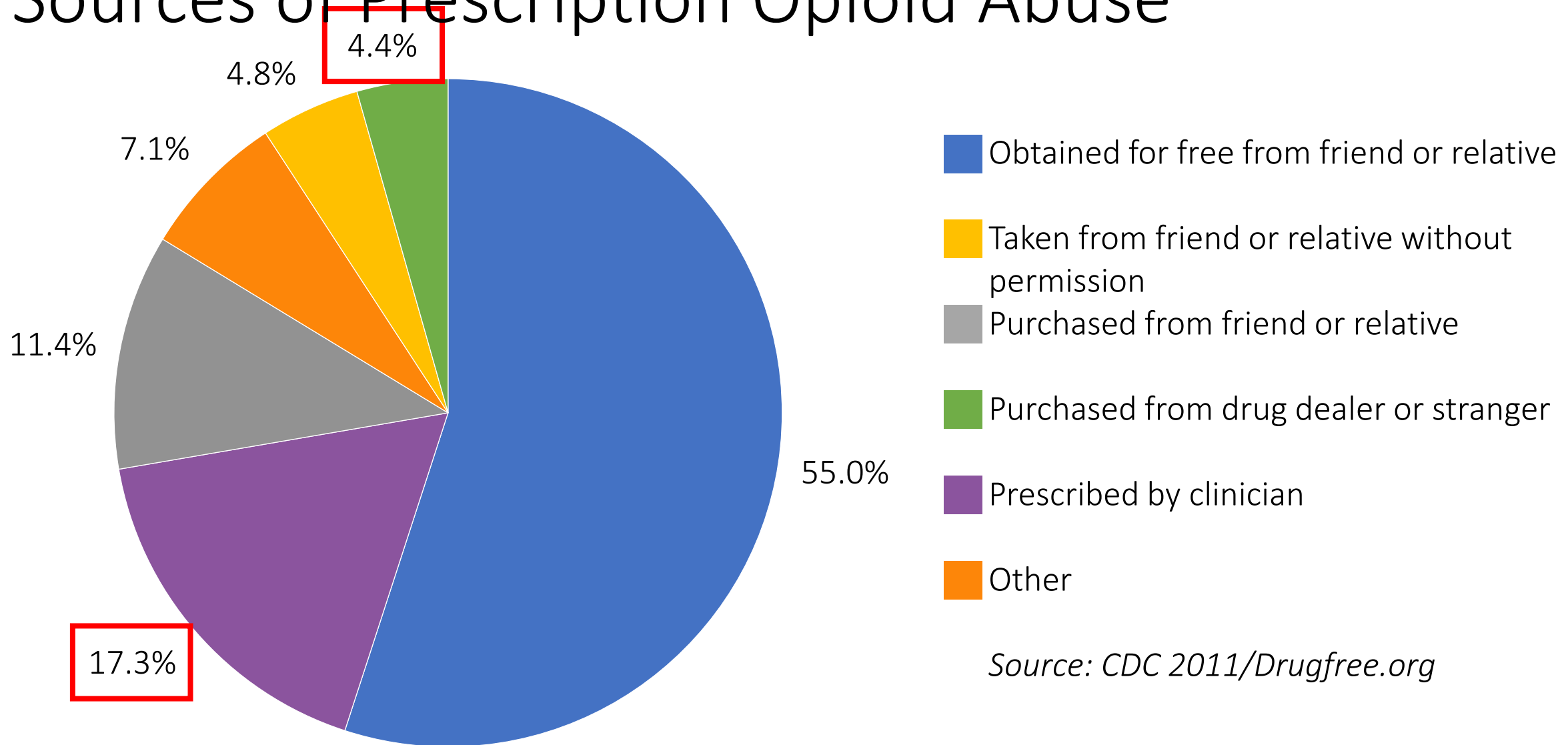
Hill et al. *Ann Surg.* Sept 2016.

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ANNALS OF SURGERY
A Monthly Review of Surgical Science Since 1885

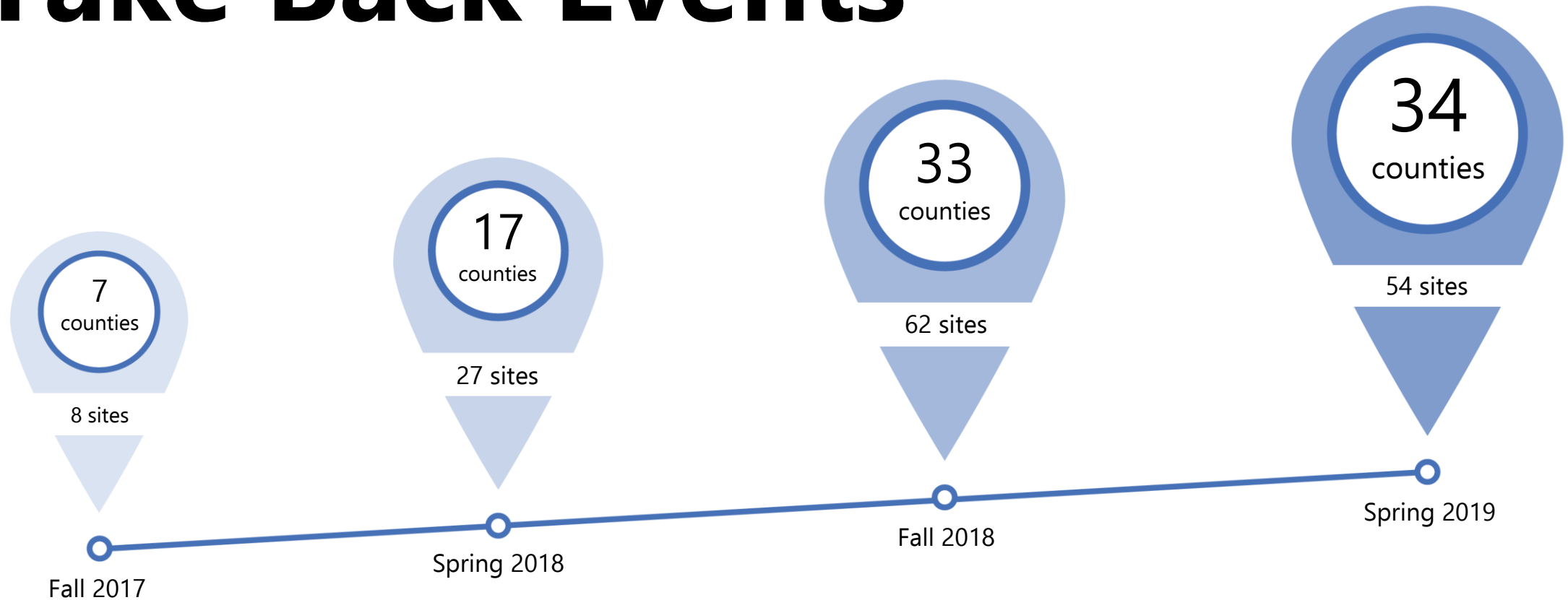


Sources of Prescription Opioid Abuse



Source: CDC 2011/Drugfree.org

Take Back Events



9,600 lbs
Unused Medications



172,700
Opioid Pills

DID YOUR HEALTHCARE PROVIDER TALK TO YOU ABOUT MEDICATION DISPOSAL?



Patient Education



Disposal Site
Near You



How to Store and Dispose?

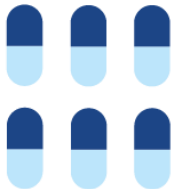
Storage



Store opioids out of sight and reach of children, teen, and pets

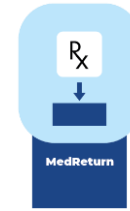


Store opioids in private areas and lock up your pills if possible. Do not store in common rooms (ex: bathrooms) or purses



Keep a count of how many pills you have left

Disposal



Use a permanent medication drop box
➤ Michigan-OPEN.org/takebackmap



Drop off at a community Medication Take Back Event



Use household trash as last resort



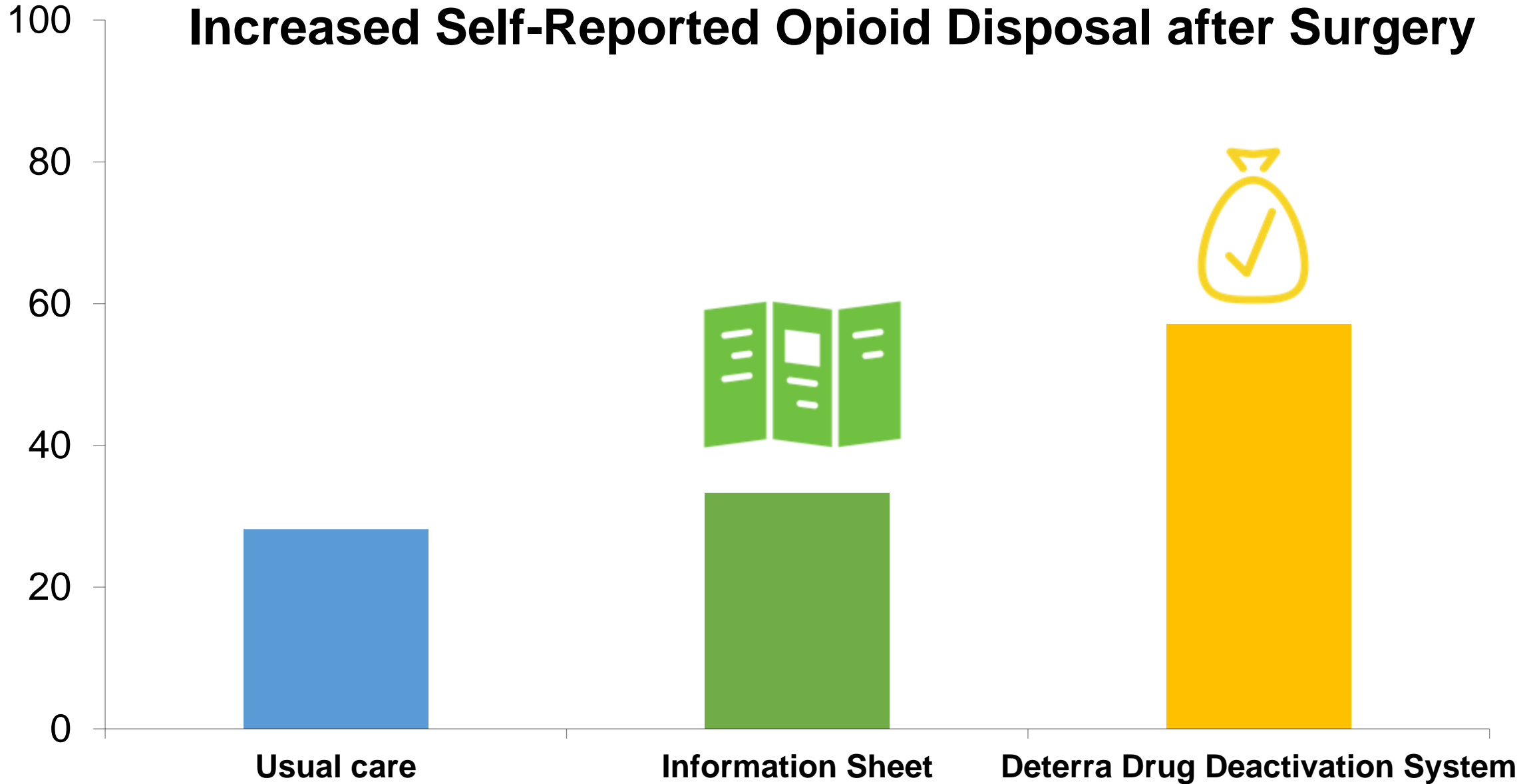
Scratch out personal information and dispose original container



Mix with unappealing substances (ex: coffee grounds) and throw away

****DO NOT flush opioids down the toilet**

Activated Charcoal Bag for In-Home Disposal Increased Self-Reported Opioid Disposal after Surgery



Patient Resources

Home / Patient Resources

COMING SOON: Ability to customize all brochures with your organization's logo!



Opioid Facts Brochure

Learn the facts about opioid pain medications including:

- What is an opioid
- Using opioids safely
- Opioid addiction
- Safe disposal of opioids

📄 DOWNLOAD BROCHURE

Recent Articles



Dr. Brummett Awarded the 2017 James E. Cottrell Presidential Scholar Award
November 15, 2017



For 1 in 10 Cancer Patients, Surgery Means Opioid Dependence
November 8, 2017



Statewide drug takeback event nets 900 pounds of opioids & more
October 27, 2017



Dr. Brummett Speaks at U-M Wolverine Caucus
October 15, 2017

SURGICAL

LEARN THE FACTS:

opioids & pain management



OPEN
OPIOID PRESCRIBING ENGAGEMENT NETWORK

DID YOUR HEALTHCARE PROVIDER TALK TO YOU ABOUT MEDICATION DISPOSAL?



Patient Education



Disposal Site
Near You



Patient & Community Education

Stopping the opioid epidemic starts with educating our communities.

Share Michigan OPEN's brochures, flyers, and posters with your patients and fellow providers.

Brochures



Surgery: Opioids and Pain Management
Ask questions and know the facts before using opioids for your pain.

- What is an opioid?
- Understanding the risks of using opioids
- Understanding pain after surgery
- Using opioids safely
- Safe storage & disposal of opioids

Also available in Spanish and Arabic through our Customization Request Form.

Customized materials with your organization's logo are available by request, free of charge. Materials will be sent as a PDF for you to print using your preferred method.

Please complete the request form below, and a member of the Michigan OPEN team will be in contact with you to confirm your request and collect your organization's logo.

Customization Request Form

First Name *

Last Name *

Organization *

Managing Chronic Opioid Use and OUD in Acute Care



Transitions of care



Screening surgery patients for opioid use and opioid use disorder (OUD)



Naloxone training and distribution



Emergency department partnership

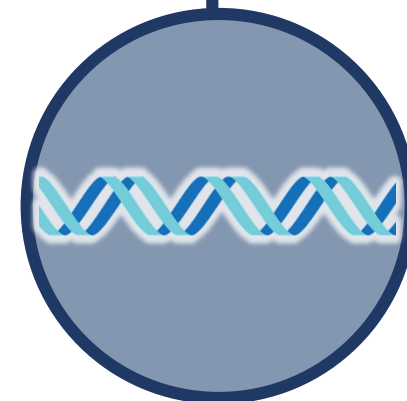
over

60,000

participants

80%

opioid
naïve

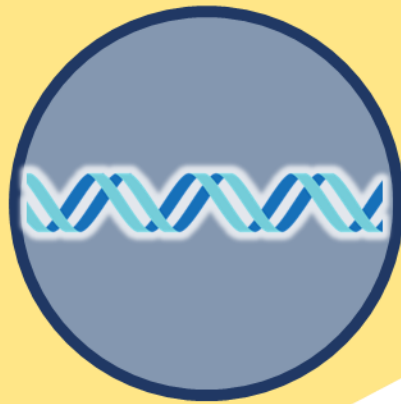


Donating to a University of Michigan Biorepository



The purpose of a **biorepository** is to store bodily materials (biospecimens) and personal health information for research projects that have not yet been planned. The biorepository combines the biospecimens and health information into "books" that can later be shared with researchers to help advance medicine.

This pamphlet provides information about participating in a biorepository at the University of Michigan by donating your biospecimens and health information.



School of Music, Theatre, & Dance



Vincent Cardinal

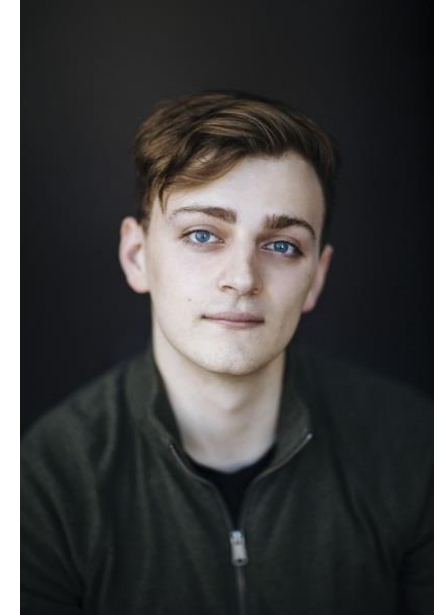
Arthur and Martha Harron
endowed Professor
Chair of Musical Theatre and
Professor of Music



Noah Keiserman



Jacob Ryan Smith



Peter Scattini

Our Goals

OPEN

OPIOID PRESCRIBING ENGAGEMENT NETWORK



Eliminate unnecessary opioid exposures



Reduce opioid use when necessary



Eliminate new persistent use



Manage pain



Enable functional recovery

Practical Guidelines for Postop Prescribing



Educate
patients and set
expectations



Encourage
Acetaminophen, NSAIDs, local
anesthetics, and other non-
opioid treatments



Avoid co-prescribing
benzodiazepines and sedatives



Check a PDMP
before prescribing opioids

MiCarePath

A better way to prepare for surgery.



Afton Hassett, PsyD
Associate Research Scientist
Clinical Psychologist
Anesthesiology



Jennifer Waljee, MD, MPH, MS
Associate Professor of Surgery
Co-Director, Michigan OPEN



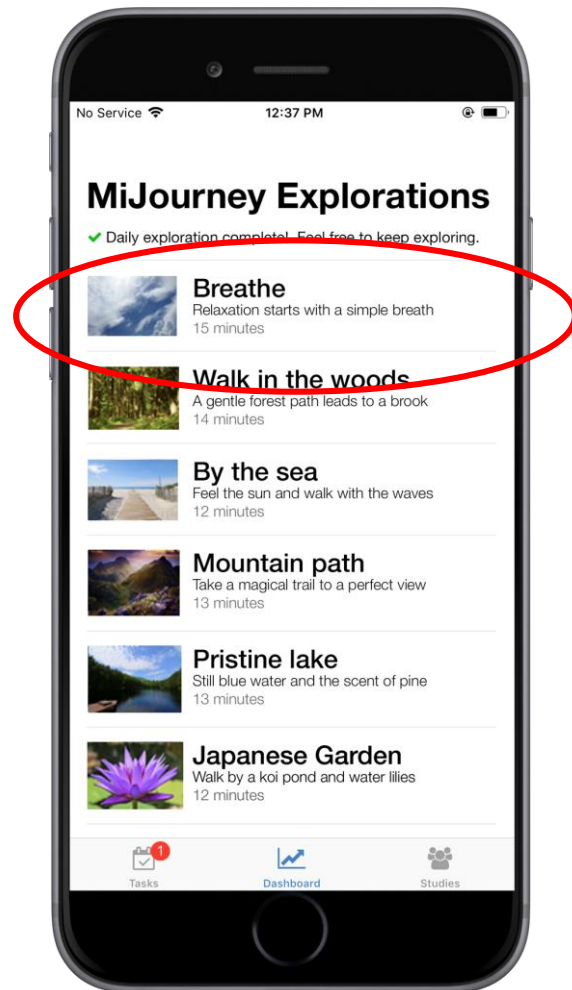
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OPIOID PRESCRIBING ENGAGEMENT NETWORK

MiCarePath Breathe

Diaphragmatic Paced Breathing



Participants are taught the basics about diaphragmatic and paced breathing. Clicking on this module will take patients to a screen with a breathing pacer stimulus and an audio file that will talk patients through the breathing exercise.

Opioid Prescribing for Opioid Naïve Patients



Prescribe only 1 short-acting opioid



No long-acting opioids



Avoid pre-op opioid prescription



Prescribe naloxone in high-risk patients

How do we stop this from happening?



How do we stop this from happening?



GET DATA



GUIDE/REWARD CHANGE



COLLABORATE

Michigan OPEN Co-Directors



Jennifer Waljee, MD, MPH, MS
Plastic and Hand Surgery

Michael Englesbe, MD
Transplant Surgery

Chad Brummett, MD
Pain Medicine/Anesthesiology

The Team, The Team, The Team.



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Learn more about our work:

<http://michigan-open.org>



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<http://precisionhealth.umich.edu>

<https://www.michigangenomics.org>



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