

**SPECTRUM HEALTH**



# Implementation of Opioid Prescribing Controls

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# Conflict of Interest Disclosure

Martha Boonstra does not have any real or apparent conflict(s) of interests or vested interest(s) that may have a direct bearing on the subject matter of the continuing education activity.

# Learning Objectives

This presentation will enable participants to:

- Implement a committee structure for opioid matters
- Develop a “start talking” workflow
- Demonstrate MAPs program uses
- Develop an alternative to Opioids program

# Who are we?

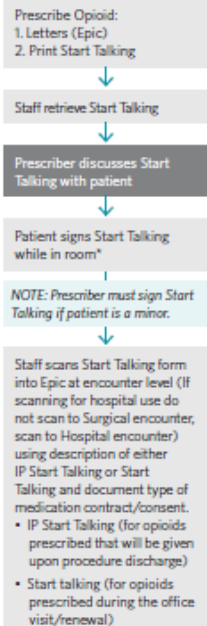
- Multi-specialty physician group in West Michigan
- Over 1,600 Physicians and Advanced Practice Providers
- Subsidiary of Spectrum Health System

# How did we implement the new opioid prescribing laws?

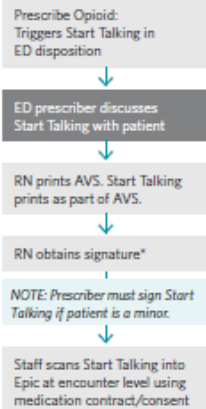
- Pain Management and Opioid Steering Committee
- Sub-Committees:
  - Diversion
  - Emergency Work
  - Prescription Workflow
- Focused and Consistent Internal Communications
- Helen DeVos Children's Hospital Steering Committee
- Electronic Medical Record Build-outs to Automate Changes
- Internal FAQs
- Opioid Start Talking Workflow

# Opioid Start Talking Workflow

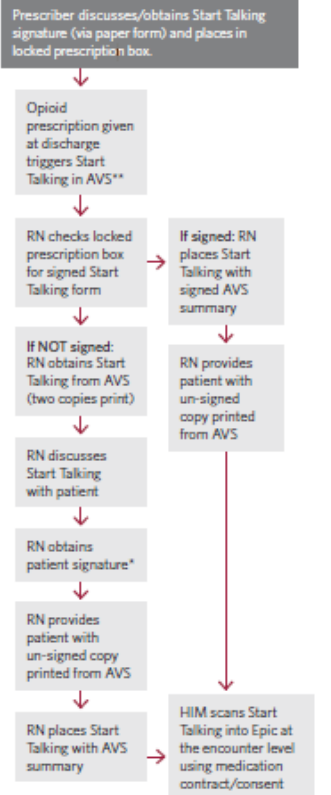
## Ambulatory



## ED

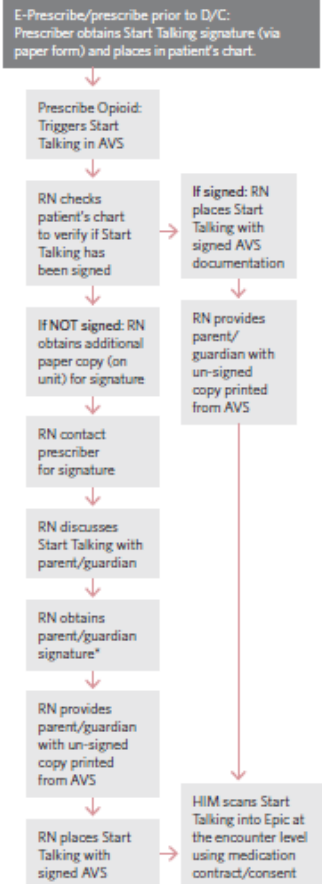


## Inpatient (ADULT)

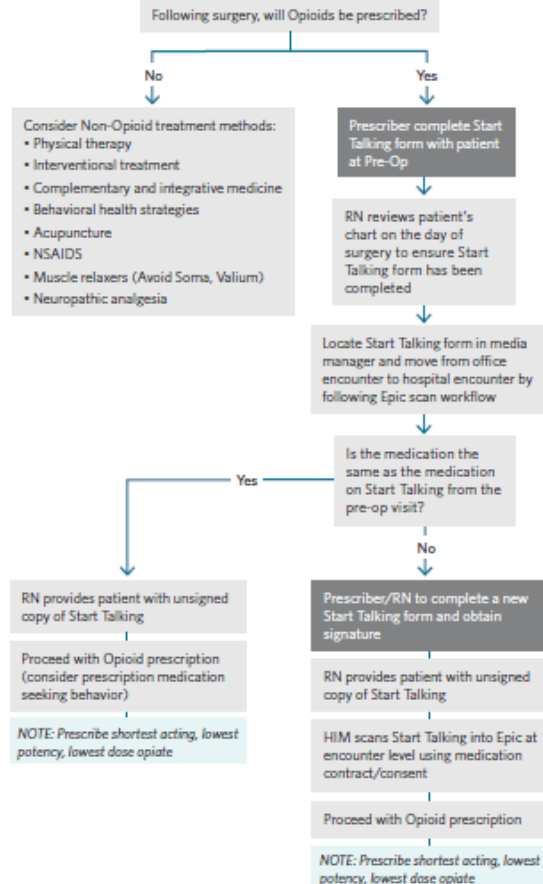


\*\*Opioid prescription given prior to discharge—utilize paper Start Talking form on unit rather than printing through AVS

## Inpatient (PEDS)



## Surgical



# Electronic Medical Record Workflows

- Leveraged EPIC to create workflows
- Start Talking form built into EPIC and prints for signature
- 7 day limit for acute pain medications
  - Built a 5 day supply prompt into EPIC
  - Drop downs of objective factors that need to be considered and met if more than 7 days is prescribed



# Spectrum Health Internal FAQs

- Specific instructions regarding MAPS registration
- MAPS delegate(s) instructions
- Documenting the MAPS report
- When to run a MAPS report
- Start Talking and the workflow explanation
- Completing opioid documentation in EPIC
- 7 day prescribing limits
- Integration with APPRISS

# Provider Pocket Cards



## Provider Key Points

### Required for All

- Opioids carry the risks of overdose and developing a substance use disorder
- Pregnant females have heightened risks, including neonatal abstinence syndrome
- Common side effects are constipation, drowsiness, nausea and vomiting
- Safe disposal reduces injury and death in family members, disposal options include **select** pharmacies or police departments
- It is a felony to distribute or share an opioid without a prescription

# Spectrum Health Opioid Newsletter



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## Pain Management and Opioid Prescribing Steering Committee Update

### Vision

The Pain Management and Opioid Prescribing Steering Committee will provide leadership and guidance for all Pain Management initiatives taking place at Spectrum Health. The first and foremost priority for the team will be to meet the [2018 TJC Pain Assessment and Management Standards](#).

### Committee Purpose

This committee will be responsible for leading the evolving platform of pain management activities

February 2018

## Michigan legislators create new package to aid in opioid addiction epidemic

LANSING, Mich. – Lt. Gov. Brian Calley recently signed legislation that will help combat the opioid epidemic, which is impacting every community across our state and has become a national emergency.

“The addiction epidemic is now claiming more lives than car accidents and we are taking an all-hands-on deck approach in Michigan to combat it and prevent future addiction,” Calley said. “This legislation will help provide better education on the dangers of addiction before pills are ever dispensed and ensures that a patient’s drug history is known before these highly addictive medications are prescribed. Prevention and earlier detection of addiction will save lives.”

# Spectrum's Response to the Opioid Crisis

Implementing the legal requirements related to opioid prescribing is just one piece of the Spectrum strategy for combatting the opioid crisis.

Focus is on the four R's

Reduce/Remove - opioids from the community

Rescue – use of Naloxone for those who are victims of overdose

Recovery – referral to treatment programs, use of Suboxone treatment

# Removing Opioids

Community take back programs

Partnering with law enforcement, local pharmacies

Educating public through Healthier Communities

Dentists

Real estate agents

# Reducing Opioids - ALTO Project

- Alternatives to Opioids in the Emergency Room
- Partnering with Great Lakes Partners for Patients
- Deep dive into epidemiology of the epidemic and utilization rates
- Spectrum Health implemented ALTO in the Grand Rapids emergency rooms early in 2019
- Alto Goals:
 

**Goals:** Educate our patients

  - Opioids will be second-line treatment
  - Opioids can be given as rescue medication
  - Discuss realistic pain management goals
  - Discuss addiction potential and side effects of opioids

# Reducing Opioids - Pilot Opioid Prescribing Protocols

- Orthopedics service line piloting opioid prescribing protocols
- Intended to help patients manage pain without opioid dependency
- Areas include:
  - Foot and Ankle
  - Sports Medicine
  - Hand and Upper Extremity
  - Total Joint

**A. Opioid Naïve**

**Tier 1** (soft tissue, small bony): Norco 5mg, #15 1-2 q6h PRN pain (40 OME/day)

**Tier 2** (mild and moderate foot and ankle procedures): Norco 7.5mg, #25 1-2 q6h PRN pain. (60 OME/day).

**Tier 3** (complex/multiple foot and ankle procedures): Oxycodone 5mg, #40. 1-2q4h PRN pain (90 OME/day). Tylenol 650mg every 6 hours

**B. High risk for Pain**

(Current opioid users, mental health, fibromyalgia, chronic pain, etc.)

**Tier 1** (soft tissue, small bony): Norco 5mg, #20 1-2q 6h PRN pain

**Tier 2** (mild and moderate foot and ankle procedures): Norco 10mg, #40 1-2q 6h PRN pain. Not to exceed 8 tablets/day. (80 OME/day)

**Tier 3** (complex/multiple foot and ankle procedures): Oxycodone 5mg, #60. 1-2q4h (90 OME/day). Tylenol 650mg every 6 hours.

**PROCEDURE EXAMPLES OF EACH TIER:**

**Tier 1:** Soft tissue mass, neuroma, simple hardware removal, simple soft tissue procedures, simple single hammertoe

**Tier 2:** Bunion (other than lapidus), multiple hammertoes, met fractures, fibular fracture, complex hardware removal, tarsal tunnel release

**Tier 3:** Haglund's resection with Achilles reconstruction, multiple procedures, reconstructions (forefoot or rearfoot), calcaneal fractures, most rearfoot bony work, midfoot fusions (including lapidus)

**OMEs:**

Percocet 5 mg – 8

Norco 5mg – 5

Tramadol 50mg – 10

Tylenol #3 – 5

Dilaudid 4mg – 20

# Reducing Opioids - Foot and Ankle Pain Management Protocol



# Reducing Opioids - Sports Medicine Pain Management Protocol

## Orthopedic Surgery & Sports Medicine

### Post-operative Pain Medication Guidelines

Thank you for choosing SpectrumHealth Medical Group Orthopedics and Sports Medicine as your preferred healthcare provider. Our team strives to provide you with the best patient care and experience possible. In preparation for your upcoming appointment, we would like to provide you with a copy of our clinic policy regarding pain medication to help answer any questions and discuss expectations ahead of time.

#### Non Surgical Pain

- We prescribe narcotic pain medications for patients with non-surgical extremity fractures. Please take these medications as prescribed, but you may wean off these medications as tolerated. The prescription will be given to you at the time of the office visit. This prescription will include no more than #40 tablets of a narcotic medication at the discretion of your treating physician.
- We will prescribe ONE narcotic medication refill after the initial visit. This refill will be decreased in dosage, frequency, and quantity at the discretion of your treating physician. The law requires a physical copy of this prescription, which must be printed and signed by the physician then picked up at our office in person. We cannot refill this over the phone or send it to the pharmacy.
- We cannot prescribe any narcotic pain medication after 6 weeks from the date of your injury. If you are still having pain at this time adjunctive pain modalities including cold therapy, non-steroidal anti-inflammatories, muscle relaxers, etc... may be prescribed at the discretion of your treating physician.

#### Post Surgical Pain

- We prescribe an initial 2-week course of narcotic medication for the immediate post-operative period. Please take these

medications as prescribed, but you may wean off these as tolerated. This prescription will be given to you at the time of surgery. This prescription will include no more than #60 tablets of a narcotic medication during this initial post-operative period.

- No refill will be issued before your regularly scheduled 2 week post-operative appointment. Adjunctive pain modalities may be issued that includes Non-steroidal Anti-inflammatory medications, Cold therapy devices, Braces, muscle relaxers, etc... that can be used to help decrease the need for narcotic pain medicine usage.
- If you are still having pain after 2 weeks, we can refill your narcotic prescription at that time. The law requires a physical copy of this prescription, which must be printed and signed by the physician then picked up at our office in person. We cannot refill this over the phone or send it to the pharmacy electronically.
- This prescription will include a decrease in frequency, quantity and dosage of the previous medication and may include an adjunctive pain medicine modality or medication.
- After 6 weeks following surgery, we can refill your narcotic pain medication script ONE time. This may include a decrease in both frequency, quantity, and dosage at the discretion of your prescribing provider. If you are still having pain or discomfort, we may prescribe non-narcotic pain medications such as tramadol as needed to assist with pain.
- After 3 months following surgery, we cannot prescribe further pain medications, including but not limited to narcotic pain medications, tramadol, or adjunctive pain modalities. If you are

still having pain or discomfort at this point a referral to a pain specialist may be recommended at the discretion of your treating physician.

#### ATTENTION: PAIN CLINIC PATIENTS

- If you are a patient of the pain clinic or you have a Pain specialist that prescribes you pain medications we do honor pain contracts. We will consult with your pain specialist for pain recommendations post-operatively. Our preference is that your Pain specialist acts as the narcotic prescribing provider for all of your post-surgical pain medications. For more information please discuss with your treating physician.

If you have any questions about your postoperative pain control plan, please do not hesitate to let us know. Our goal is to provide you with an excellent outcome, and look forward to keeping you healthy and active for many years to come.



(number of tablets of Norco 5/325 mg and dosing of 1-2 tabs Q 4-6 hours prn)

- Do NOT prescribe opioids with other sedative medications
- Opioids should NOT be prescribed for more than 3-5 day courses
- For soft tissue procedures only consider using Tylenol and/or Motrin (good clinical evidence)
- Consider using Ultram rather than opioids (good clinical evidence)
- Use Motrin and/or Tylenol for breakthrough pain
- Use Regional Anesthesia
- Use Local Anesthetic at end of case
- Counsel patients that some pain is normal, we cannot eliminate all pain, it will improve particularly if they follow the post-op instructions
- Inform patients about use of multimodal approach (elevation, ice, NSAID's)
- For patients > 60 y.o. reduce amount of recommended opioids by 20%
- Instruct patients to keep the hand/limb elevated above the heart at all times and unless contraindicated perform full fist ROM 250 x a day until the f/u appt
- Instruct patient to use an ice pack in the axilla and/or antecubital area continuously for the first 5 days post-op and inform the patients that it helps reduce the amount of pain pills needed
- Inform patients we do NOT refill narcotics on the weekend (Friday after 3 p.m.) or evenings

**Procedure and amount of Norco 5/325 to prescribe**

Cubital tunnel 10	Trigger finger/thumb 0	Ganglion excision wrist 5
LRTI 12	ORIF radius 15	Ganglion excision finger 3
CTR 3	DeQuervain's 4	Finger mass 4
Wrist scope 5	Ulnar shortening 12	ORIF/CRPP hand fx 10
Tenolysis 5	Tendon repair hand/finger 5	nerve repair 15
Implant arthroplasty hand 10	PRC 12	intercarpal fusion 12
Dupuy 8	tendon transfers 12	amputation finger 10
Amputation hand 20	lat epicondylectomy 12	elbow arthroplasty 15
Wrist arthroplasty 12	Corrective osteotomy radius 20	wrist fusion 12

\*\*\* If more than one procedure performed, prescribe the higher of the number of pills \*\*\*

## Reducing Opioids - Hand and Upper Extremity Pain Management Protocol

Celebrex 400mg once  
Neurontin 300mg once  
Acetaminophen 650mg once  
Oxycodone (oxycodone extended release) 10mg once  
Tranexamic acid PO 1,950mg once  
Cefazolin 2g prior to incision  
Skin prep/Nasal swab (add vancomycin if +MRSA)

#### Pre-Operative Total Joint Protocol

#### Post-op Total Joint Protocol

Cefazolin 1-2g (>80kg receive 2g) q8hours for two doses

Pain control:		
<i>Opiate Naïve (&lt;65)</i>	<i>Opiate Naïve (&gt;65)</i>	<i>Opiate Tolerant</i>
Tylenol 500mg q4hrs prn mild pain	Tylenol 500mg q4hrs prn mild pain	Tylenol 500mg q4hrs prn mild pain
Norco 5-10mg q4hrs prn moderate pain	Norco 5-10mg q4hrs prn moderate pain	Norco 5-10mg q4hrs prn mod pain
Tramadol 50mg q4hrs prn breakthrough pain	Tramadol 50mg q4hrs prn breakthrough pain	Oxycodone 5mg q4hrs prn breakthrough pain
Flexeril 10mg q8hrs prn muscle spasms	Flexeril 5mg q8hrs prn muscle spasms	Flexeril 10mg q8hrs prn muscle spasms
Toradol 15mg q6hrs x3 doses (start POD 1 @ 0700)	Toradol 15mg q6hrs x3 doses (start POD 1 @ 0700)	Toradol 15mg q6hrs x3 doses (start POD 1 @ 0700)
Meloxicam 7.5-15mg daily (after Toradol complete)	Meloxicam 7.5mg daily (after Toradol complete)	Meloxicam 7.5-15mg daily (after Toradol complete)

For opiate tolerant: Resume home narcotics and add narcotic, as appropriate. (i.e. if on Norco at home, resume Norco and add oxycodone (immediate release) for breakthrough)

\* May substitute valium 2mg q8hrs prn for Flexeril

\* If pain not responsive to IR pain regimen, may add MS Contin 15mg BID with oxycodone or Norco q4hrs and/or tramadol for breakthrough

DVT prophylaxis:

Aspirin 81mg q12hrs x4 weeks OR

Xarelto 10mg daily x4 weeks (if patient cannot take aspirin or history of DVT) OR

Eliquis 2.5mg q12hrs x12 days

#### Discharge Prescriptions

#42 of either Norco or Percocet (same as hospital dose)

#42 Tramadol 50mg q4hrs breakthrough pain

#14 of MS Contin 10mg BID (if necessary)

#21 of Flexeril or Valium

#60 Aspirin 81mg q12hrs

#30 Meloxicam 7.5 or 15mg daily

#21 Zofran 2mg or 4mg q6-8hrs prn nausea (4mg <65)

#60 Senna BID prn constipation

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# Reducing Opioids - Total Joint Pain Management Protocol

## Reducing Opioids - Chronic Pain and Opioid Management Training

- Provider training regarding chronic pain
- Evidence based Guidelines/Standards
  - UptoDate clinical decision support
  - CDC
  - ICSI- Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management
- Naloxone and Buprenorphine education and training information
- Toxicology testing instructions
- Rolled out to all primary care practice sites as a “road show” training

# Reducing Opioids

Provider scorecards to help them understand what their prescribing looks like current state

Implementation of tapering guidelines

Creation of provider toolkit to assist with appropriate prescribing practices

# Patient Video Regarding Prescription Opioids

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Prescription Opioids:  
What You Need to Know

# Revive

Broad education related to the use of Naloxone

Patients often discharged with a Naloxone kit

Almost all first responders in the Grand Rapids/Kent County area carry Naloxone



## How to Respond to an Opioid Overdose

### with naloxone nasal spray

**Naloxone:** A medication used to treat an opioid overdose. It will not treat an overdose from sedating medications such as benzodiazepines which include Valium, Klonopin, Ativan and Xanax. An opioid overdose can lead to death if not treated.

Common opioids include:

- Heroin
- Norco
- Dilaudid
- Fentanyl
- Oxycodone (OxyContin)
- Buprenorphine
- Hydrocodone (Vicodin)
- Morphine

#### Who is at risk for an opioid overdose

- Anyone taking prescription or street opioids
- Those who inject opioids, take higher doses, mix opioids with other medications that may cause sedation, or have a pre-existing medical condition may be at a higher risk

#### Signs of an overdose include:

- Hard to wake up, sleepy or confused
- Breathing slowed or stopped
- Pupils the size of pinpoints
- Lips or fingernails turning blue

**Call 911 if you suspect an overdose, then administer naloxone nasal spray**



See reverse side for instructions on administering naloxone.

#### Narcan® (naloxone) Nasal Spray Instructions

Note: There is only one dose per spray device, so do **not** prime or test it first.

##### Peel

- Take the spray out of the box
- Peel back the tab to open

##### Place

- Hold the spray with your thumb on the bottom of the plunger and place your first and middle fingers on either side of the nozzle
- Tilt the person's head back and provide support under the neck with your hand
- Gently, place the tip of the nozzle into either nostril until your fingers on either side of the nozzle are against the bottom of their nose

##### Press

- Press the plunger firmly to give the entire dose of spray then move the person to their left side
- Give a second dose of Narcan® (naloxone) Nasal Spray if they do not wake up in 2 to 3 minutes

#### Stay until help arrives

Remain with the person until emergency medical help arrives.



To watch a video on how to administer Narcan® (naloxone) Nasal Spray, scan the QR code or search naloxone on Spectrum Health's YouTube site.

Please read the full patient information and use instructions included in the Narcan® Nasal Spray box



# Opioid Overdose Cue Card and Naloxone Video



# Patient Video Regarding How to Use Narcan



## Recovery - Spectrum Health

- Increasing the number of providers who are able to prescribe buprenorphine
- Creation of a Medication Assisted Recovery (MAR) toolkit
- “Go Team” goes to the practices of providers who are newly licensed to prescribe buprenorphine to assist them
- Referral to inpatient treatment as needed

## Spectrum Health and Community Measures to Combat Opioid Abuse (cont.)

- Spectrum Health project specialist embedded with the Kent County Taskforce to help advance opioid related community work
- Primary education programs including “Families against Narcotics” (FAN)
- PSA with Kent County – “Dangers of the Medicine Cabinet”
- Take back days and receptacles at the Meijer Pharmacy at Spectrum Health
- Project ASSERT- peer coach in the emergency room
  - People who have recovered are matched with those suffering through Network 180
- Grand Rapids Red project
- Working to further MAR in the Kent County jail system

# Community Impact

- Kent County opioid deaths were down 30% last year
- 36% decrease in prescribing opioids at Spectrum Health Grand Rapids
- Rolling out these initiatives to the West Michigan regions

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