Transparency Leads to Decreased Opioid Prescribing

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Disclosure

I have no financial disclosure or conflicts of interest in relation to this program/presentation.

Learning Objectives

- List safety reasons for opioid prescribing surveillance.

- Describe the tool developed at Indiana University Health to monitor opioid prescribing and allow for greater transparency.

- Explain how such tools can be further developed for focused work to improve opioid prescribing.

Provider Opioid Prescribing Patterns Undeniably Part of the Problem

17%
Of surgical patients who were prescribed opioids were still using them three to six months later

5%
Of opioid-naive patients who received a prescription became addicted

10%
Of opioid-naive patients who filled a second prescription refill became addicted

Pronovost P, "How Doctors Have Contributed to – and Can Help Reverse – the Opioid Epidemic," The Wall Street Journal, September 14, 2017

IU launches comprehensive action on addiction, partnering with Gov. Holcomb, IU Health, others

In state where overdose deaths have quadrupled since 1999, IU's $50 million effort is one of nation's most comprehensive anti-addiction collaborations

FOR IMMEDIATE RELEASE | Oct. 10, 2017

BLOOMINGTON, Ind. -- Indiana University President Michael A. McRobbie has announced IU's commitment to invest $50 million to collaborate with community partners to prevent and reduce addictions in Indiana.

Announced alongside Indiana Gov. Eric J. Holcomb and IU Health President and CEO Dennis Murphy, the initiative -- Responding to the Addictions Crisis -- is part of IU's bicentennial Grand Challenges Program.

GRAND CHALLENGES PROGRAM

Prescription Drug Monitoring Program
-Indiana-

Internal Prescription Opioid Monitoring Program → Culture of transparency of opioid prescribing → Culture of accountability for opioid prescribing

Data

- Reliable
- Organized in a meaningful way
- Useful & Actionable
- Dynamic

Internal Prescription Opioid Monitoring Program → Culture of transparency of opioid prescribing → Culture of accountability for opioid prescribing

Transparency

Our progression to transparency – a 4 year journey

Peer protected data

Restricted to leadership

Opened to all IUH providers

Internal Prescription Opioid Monitoring Program → Culture of transparency of opioid prescribing → Culture of accountability for opioid prescribing
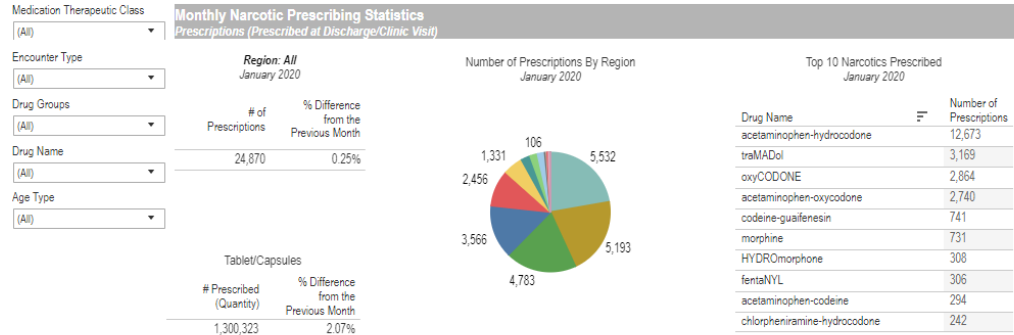
New Transparency
New Motivation

Thomas H. Lee, MD, is the chief medical officer at Press Ganey and the former network president of Partners HealthCare. **Toby Cosgrove, MD,** is the CEO of the Cleveland Clinic.

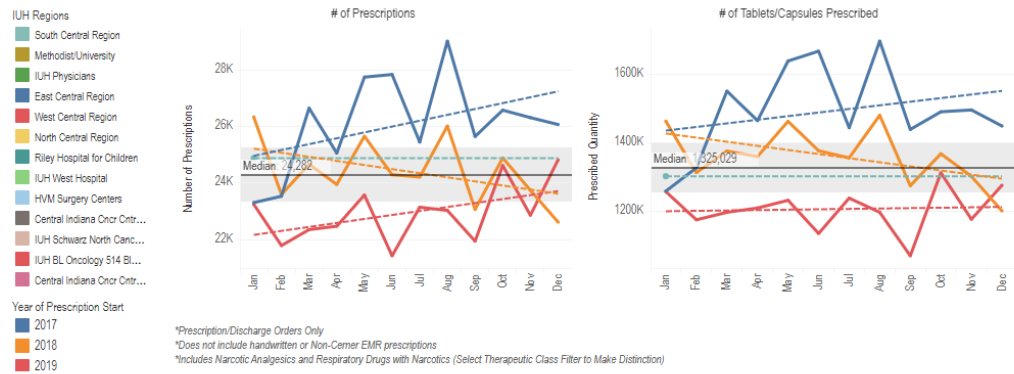# Engaging Doctors in the Health Care Revolution

by Thomas H. Lee and Toby Cosgrove

Motivational Tools That Improve Engagement

This adaptation of Max Weber's typology of social action describes four motivations that leaders can tap to engage physicians in redesigning health care.

MOTIVATION	HOW TO APPLY IT	EXAMPLE
To engage in a noble shared purpose	Appeal to the satisfaction of pursuing a common organizational goal.	The Cleveland Clinic reinforced its commitment to compassionate care by launching a same-day appointment policy.
To satisfy self-interest	Provide financial or other rewards for achieving targets.	At Geisinger Health System, 20% of endocrinologists' compensation is tied to goals such as improving control of patients' diabetes.
To earn respect	Leverage peer pressure to encourage desired performance.	Patients' ratings of University of Utah physicians are shared both internally and on public websites to drive improvements in patient experience.
To embrace tradition	Create standards to align behaviors, and make adherence a requirement for community membership.	At the Mayo Clinic, a strict dress code and communication rules signal the "Mayo way of doing things."

Harvard Business Review June 2014

Barriers Encountered

- Data Build
  - MME
  - Normalize the data
- Attribution
  - Attribution of patients to which MD
    - Especially chronic patients that may get opioid prescriptions from more than one physician
  - Attribution of physicians to which group
    - Practice
    - Division
    - Region

Opioid Steering Committee

- Diversion
- Education/Behavioral Health
- Prescribing
  Clinical Effectiveness Councils
  Practice-based Opioid Stewardship Committee

Focus of Opioid Reporting Dashboard 2.0

- **Acute/Post Procedural Opioid Prescribing Reports**
  - ED Opioid Prescribing Report
  - Post Procedural Opioid Prescribing Reports

- **Practice-Based/Chronic Opioid Prescribing Reports**
  - Regulatory Opioid Prescribing Reports
    - All providers follow opioid prescribing regulations
      - Report of patients meeting criteria for chronic contracts and those with contracts in the EHR
  - Safety
    - High risk opioid prescribing (Patients on more than 90 MME)
    - Patients co-prescribed opioids and benzodiazepines

Clinical Effectiveness Clinical Councils

 A Structure to Empower Clinicians to Reduce Unwarranted Variation

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Clinical Effectiveness Clinical Councils

- Physician Leadership
  - Thought leader from each region
  - Regional leadership nominations
  - Champions from around the system
- Nursing Leadership
- Council support/presence
  - Project Manager
  - Analysts
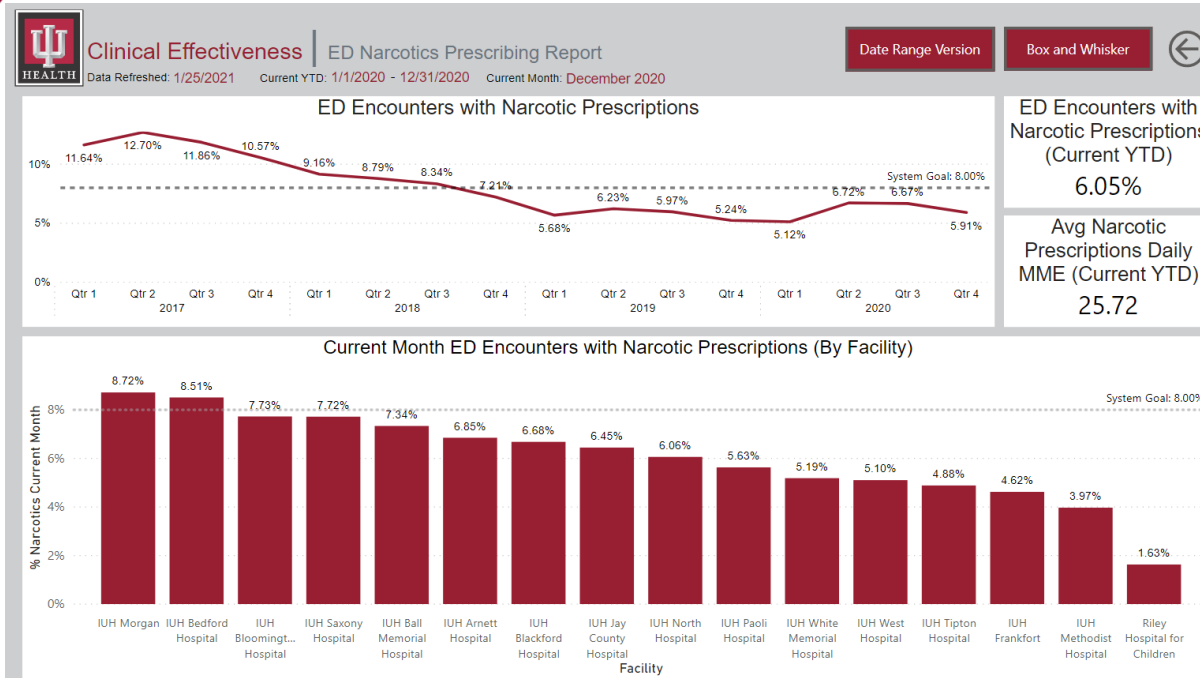 - Quality, Pharmacy, Supply Chain, IS

ED Opioid Prescribing Report
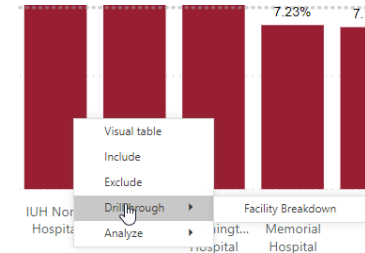
Acute Opioid Prescribing Reports
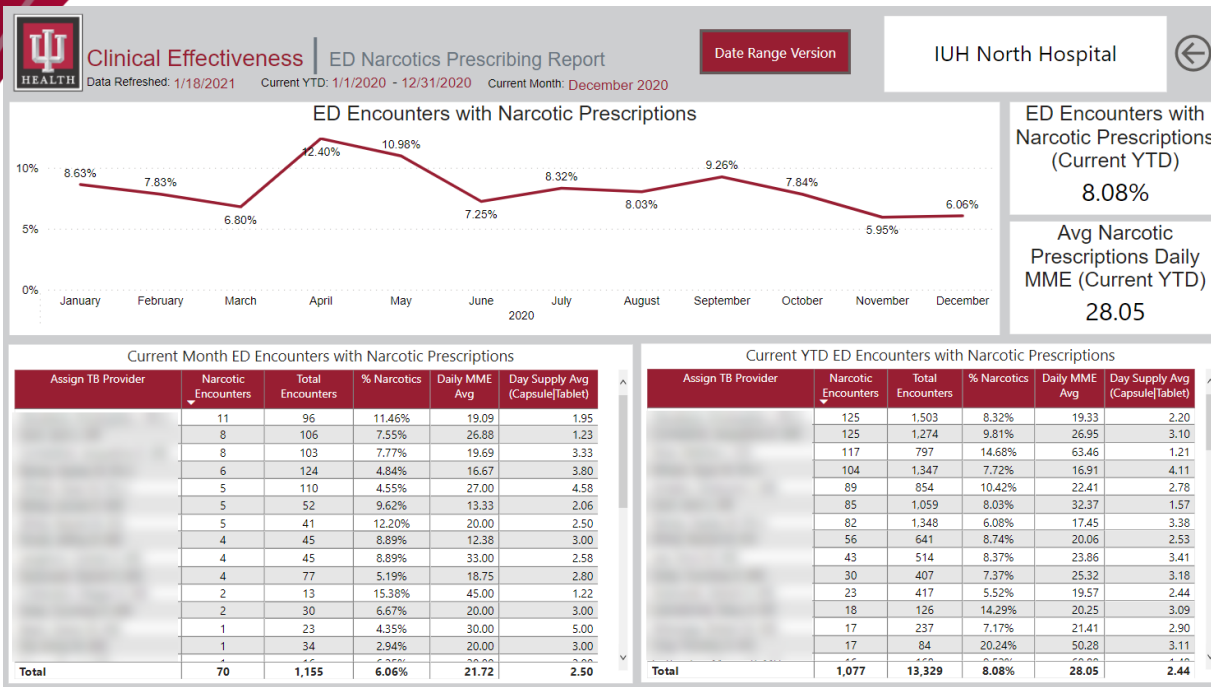
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ED Opioid Prescribing Report

- Focused Audience
  - Clinical Effectiveness ED Council
- Report focuses on rate of Opioid Prescribing per ED Encounter
- Report allows for users to drill down on a facility -> Provider -> Encounter

ED Opioid Prescribing Report

Clinical Effectiveness | ED Narcotics Prescribing Report
Data Refreshed: 1/18/2021   Current YTD: 1/1/2020 - 12/31/2020   Current Month: December 2020

Date Range Version

IUH North Hospital

ED Encounters with Narcotic Prescriptions

8.63%   7.83%   6.80%   12.40%   10.98%   7.25%   8.32%   8.03%   9.26%   7.84%   5.95%   6.06%

10%   5%   0%

January February March April May June July August September October November December

2020

ED Encounters with Narcotic Prescriptions (Current YTD)

8.08%

Avg Narcotic Prescriptions Daily MME (Current YTD)

28.05

Current Month ED Encounters with Narcotic Prescriptions

Assign TB Provider	Narcotic Encounters	Total Encounters	% Narcotics	Daily MME Avg	Day Supply Avg (Capsule|Tablet)
	11	96	11.46%	19.09	1.95
	8	106	7.55%	26.88	1.23
	8	103	7.77%	19.69	3.33
	6	124	4.84%	16.67	3.80
	5	110	4.55%	27.00	4.58
	5	52	9.62%	13.33	2.06
	5	41	12.20%	20.00	2.50
	4	45	8.89%	12.38	3.00
	4	45	8.89%	33.00	2.58
	4	77	5.19%	18.75	2.80
	2	13	15.38%	45.00	1.22
	2	30	6.67%	20.00	3.00
	1	23	4.35%	30.00	5.00
	1	34	2.94%	20.00	3.00
Total	**70**	**1,155**	**6.06%**	**21.72**	**2.50**

Current YTD ED Encounters with Narcotic Prescriptions

Assign TB Provider	Narcotic Encounters	Total Encounters	% Narcotics	Daily MME Avg	Day Supply Avg (Capsule|Tablet)
	125	1,503	8.32%	19.33	2.20
	125	1,274	9.81%	26.95	3.10
	117	797	14.68%	63.46	1.21
	104	1,347	7.72%	16.91	4.11
	89	854	10.42%	22.41	2.78
	85	1,059	8.03%	32.37	1.57
	82	1,348	6.08%	17.45	3.38
	56	641	8.74%	20.06	2.53
	43	514	8.37%	23.86	3.41
	30	407	7.37%	25.32	3.18
	23	417	5.52%	19.57	2.44
	18	126	14.29%	20.25	3.09
	17	237	7.17%	21.41	2.90
	17	84	20.24%	50.28	3.11
Total	**1,077**	**13,329**	**8.08%**	**28.05**	**2.44**

- Facility breakdown of ED Opioid Prescribing
- Users can see data by Current Month and YTD for providers
- Average Daily MME Available
- Avg Day Supply is Available

ED Opioid Prescribing Report

- End users can drill down to the individual encounters and see the order detail and corresponding FIN for more information
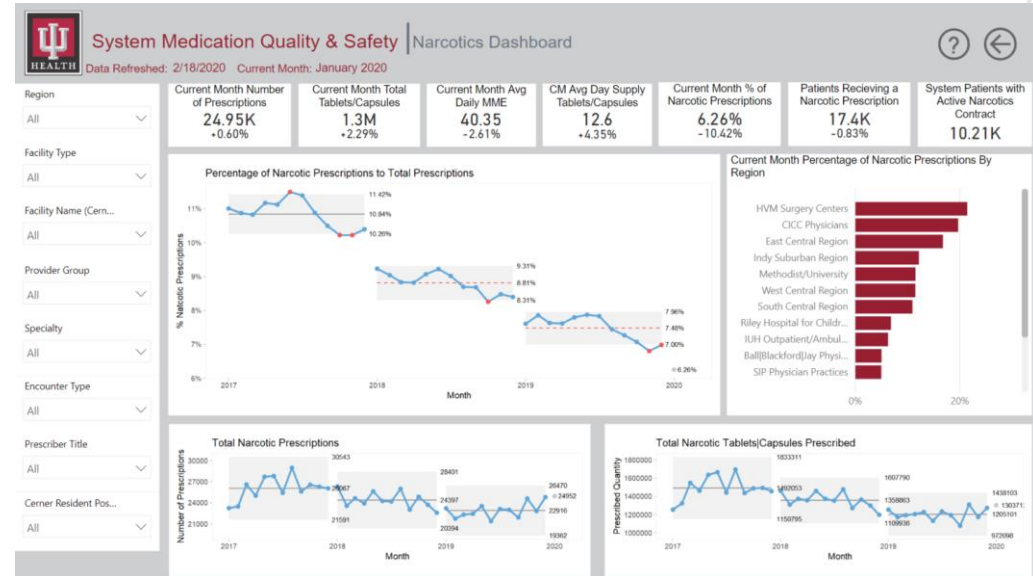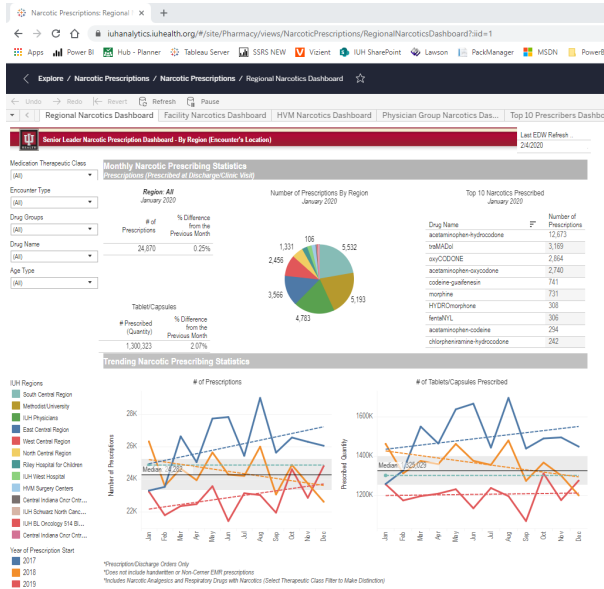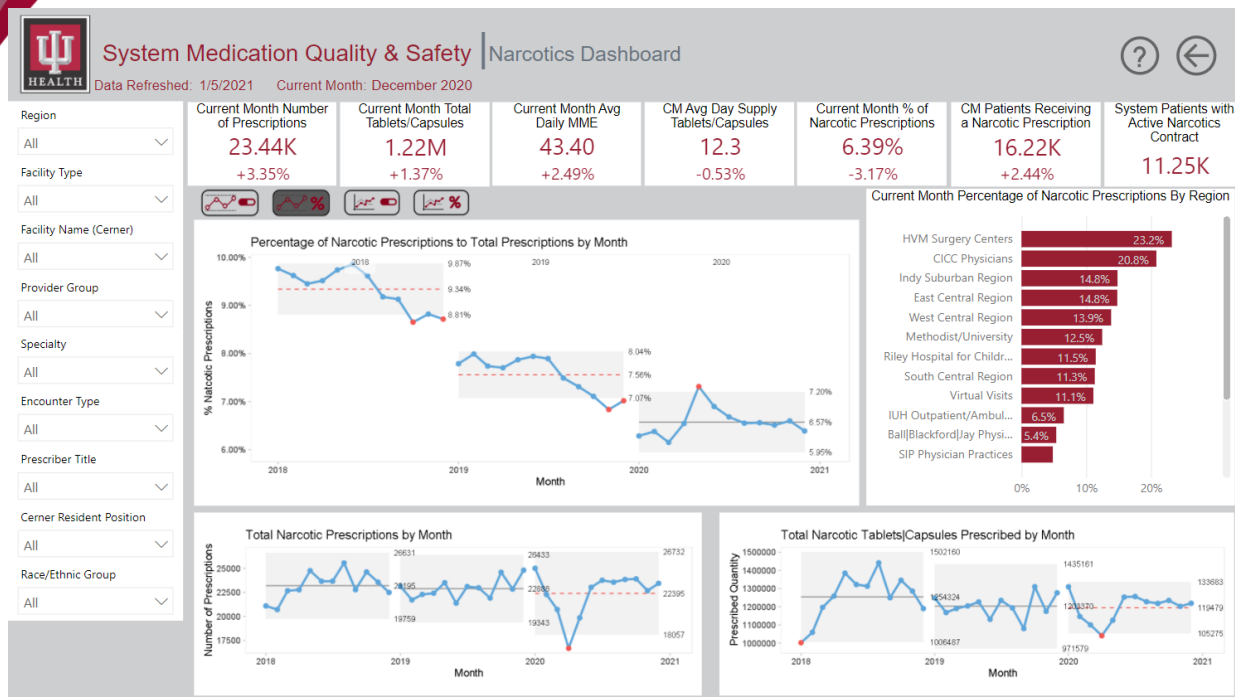
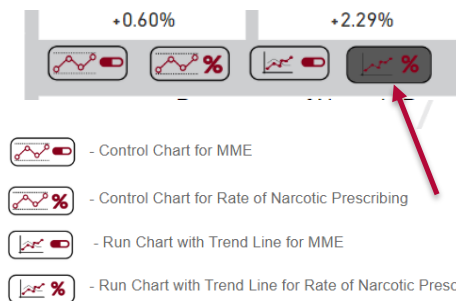# Summary Opioid Prescribing Reports

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Migration to Power BI
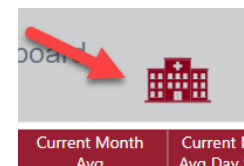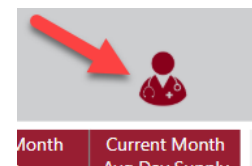
Opioid Summary System View – Summary Page

- Users can filter by using the drop downs on the left-hand side of the report.
- Users can quickly change visuals and looking at Opioid prescribing rate vs Average MME per prescription by clicking the buttons above the graph.


- Control Chart for MME
- Control Chart for Rate of Narcotic Prescribing
- Run Chart with Trend Line for MME
- Run Chart with Trend Line for Rate of Narcotic Prescribing

Opioid Summary System View – Facility Compare

- The Facility Compare allows users to see a breakdown by facility
- Clicking on the icon will toggles the matrix to show by facility or list all providers
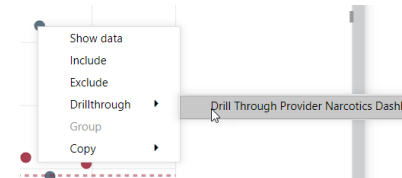
Opioid Summary System View – Scatter Plot
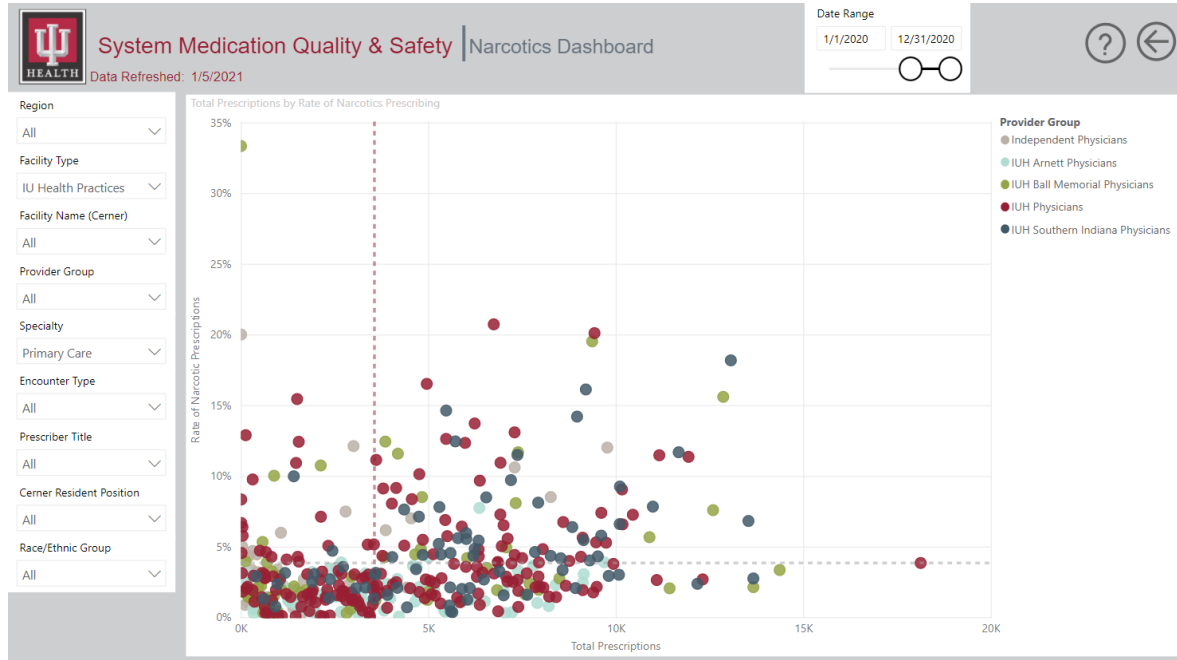
- The scatter plot shows the Total Prescriptions by % of Narcotics Prescriptions

- Hover over a dot to get more information

- Right click and drill through to provider view

Opioid Summary System View – Provider Drill Through

- Provider Prescribing

Road Map

Future Reporting and Enhancements

Power BI Dashboard Created

Migration of Data Warehouse to Azure SQL DW

Tableau Report Created for Narcotic Prescribing

- Future Reporting
  - Post Procedural Opioid Prescribing
  - Inpatient Opioid Prescribing
  - Benzodiazepine Prescribing
  - Antibiotic Prescribing
    (Outpatient Antimicrobial Stewardship)
- Future Enhancements
  - Refinement to Regulatory Reporting
  - Print Version of Opioid Prescribing Dashboard

Covid-19 is undoing a decade of progress on the opioid epidemic

Attention shifted to COVID-19
    Deprioritized nationally

Working from home/unemployed

Interruption of outpatient services

Stress related to the pandemic

Exacerbated socio-economic troubles

Indiana sees 'alarming' spike in mental health, addiction issues amid coronavirus

Elizabeth DePompei, **Indianapolis Star**   Published 5:27 p.m. ET April 3, 2020 | **Updated 11:14 a.m. ET April 5, 2020**

Data Transparency Leads to Improved Prescribing

- Indiana University Health leveraged our enterprise data warehouse to create a tool for opioid prescribing surveillance.

- New transparency into opioid prescribing offered an opportunity to review opioid prescriptions by provider and offer feedback, which led to enhanced provider awareness and accountability.

- This transparency and awareness led to an overall decrease in opioid prescribing across the system.