STAY ENGAGED. STAY INFORMED.

TUESDAY, JANUARY 9:
WORKING UPSTREAM TO COMBAT THE OPIOID CRISIS
WELCOME

Kate Gainer, PharmD
Executive Vice President and CEO
Iowa Pharmacy Association
Working Upstream to Combat the Opioid Crisis

Sarah Derr, PharmD
Medication Management Lead
Iowa Healthcare Collaborative
Objectives

- Discuss the opioid crisis at a national and state level.
- Describe the Opioid Guardianship Project.
- Review outcomes of first cohort.
- Discuss second cohort expectations and timeline.
- Explain next steps for comfort resources.
National Opioid Crisis
Opioid Timeline

1950 - 1970
- Oxycodone became widely available
- World Health Organization dismissed belief that morphine was addictive
- Controlled Substance Act was passed
- War on Drugs (Nixon)

1980s
- Opioidphobia
- Explored the use of prescription opioids to treat pain not due to terminal illness

1990s
- Under treatment of pain → successfully lobby for increased use of opioids
- Physicians expanded treatment of pain with new opioids on the market
- Marketing efforts to healthcare providers by pharmaceutical companies

2000 – 2009
- Pain as the 5th vital sign
- Opioid prescribing increased
- The misuse and abuse of opioids quadrupled from 1999 to 2008
- Research began to find abuse deterrent formulations of medications

Opioid Misuse and Abuse Statistics

- Drug overdose is the leading cause of death in the US
  - Opioid addiction is driving this epidemic

- Prescription pain relievers QUADRUPLED from 1999 to 2010
  - In 2015 more than 15 MILLION people were misusing prescription drugs
  - In 2015 more than 5.1 MILLION people misused pain relievers

- In 2016 over 214 MILLION prescriptions were written for opioids

- 4 in 5 new heroin users started out misusing prescription painkillers

CDC, National Institute on Drug Abuse, and Foundation for a Drug-Free World
Illegal Drug Deaths

![Graph showing the rate of illegal drug deaths from 1999 to 2015. The graph illustrates the increase in rates for different types of opioids and other drugs.](image-url)
Iowa Opioid Crisis
Opioid Crisis in Iowa

- From 2009 – 2014: 11% Increase in Opioid-Related Hospitalizations

- Most common characteristics for patient hospitalizations for opioid-related reasons:
  - Woman
  - 65 years or older
  - Metropolitan area
  - Low income

2014 AHRQ Trends in Opioid-Related Hospitalizations
Info-graphic 2013 CDC
Controlled Substances Dispensed in 2016

CII-CIV CONTROLLED SUBSTANCES DOSES DISPENSED JANUARY - DECEMBER 2016

- hydrocodone 22%
- tramadol 15%
- oxycodone 5%
- methylphenidates 5%
- lorazepam 6%
- methadone 6%
- amphetamines 4%
- morphine 2%
- zolpidem 4%
- alprazolam 9%
- All Other Substances 22%
Prescribing Rates By County 2006

CDC
https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
# Drug Overdose Deaths in Iowa

Table 1. Drug overdose deaths (n=297): Demographic characteristics and intent, Iowa residents, 2015.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
<th>Rate/100,000 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>124</td>
<td>42</td>
<td>9</td>
</tr>
<tr>
<td>Male</td>
<td>173</td>
<td>58</td>
<td>13</td>
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<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Number</th>
<th>Percent</th>
<th>Rate/100,000 persons</th>
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</thead>
<tbody>
<tr>
<td>&lt;24</td>
<td>24</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>25-44</td>
<td>117</td>
<td>39</td>
<td>15</td>
</tr>
<tr>
<td>45-64</td>
<td>136</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>65-84</td>
<td>17</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>85+</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Intentまい</th>
<th>Number</th>
<th>Percent</th>
<th>Rate/100,000 persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional (also known as “accidental”)</td>
<td>215</td>
<td>72</td>
<td>8</td>
</tr>
<tr>
<td>Natural</td>
<td>22</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Suicide</td>
<td>50</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Undetermined</td>
<td>10</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
Moving Upstream: Combating the Opioid Crisis
Three Pillars to Combat the Opioid Crisis

- Upstream Prevention and Appropriate Prescribing
- Addiction Treatment and Relapse Prevention
- Diversion Prevention and Medication Disposal
Moving Upstream: Prevention & Intervention
IHC Opioid Guardianship Project
Compass HIIN

Partnerships
- Iowa Healthcare Collaborative (IHC)
- South Dakota Association of Healthcare Organizations (SDAHO)

149 Hospitals
- Iowa
- South Dakota
- Illinois

Comprised of approximately 80% Critical Access/Rural hospitals.
Opioid Guardianship Project

**Purpose:**
To reframe expectations of healthcare professionals, patients, caregivers and the community on proper utilization of opioid medications through the use of comfort resources, individualized treatment plans and reduction of the number of opioids prescribed for acute pain.

**Who:**
Hospital-based community leaders included, but not limited to; patients, families, communities, providers, pharmacists, quality professionals, nurses, clinics, Services, long-term care providers, case managers, patient advocates, dentists, veterinaries, law enforcement and emergency medical services.
The Compass HIIN Initial Cohort
Hospitals Participating Initial Cohort

- Audubon County Memorial Hospital
- Avera Holy Family Hospital
- Broadlawns Medical Center
- Cherokee Regional Medical Center
- CHI Mercy Council Bluffs
- Community Memorial Hospital
- Covenant Medical Center
- Davis County Hospital
- Fort Madison Community Hospital
- Guttenberg Municipal Hospital
- Hanson Family Hospital
- Horn Memorial Hospital
- Jefferson County Health Center
- Mercy Medical Center – Dubuque
- Mercy Hospital of Franciscan Sisters
- Mercy Iowa City
- Mercy Medical Center – Centerville
- Mercy Medical Center – North Iowa
- Methodist Jennie Edmundson Hospital
- Myrtue Medical Center
- Sartori Memorial Hospital
- Van Diest Medical Center
Each tool engages the patient to think about their comfort level.

Provides an action plan when transitioning home.

Allows the patient to choose what will increase comfort.

Empowers the patient to ask questions.
Comfort Scale

COMFORT SCALE

Very Comfortable
Comfortable
Somewhat Comfortable
Uncomfortable
Somewhat Uncomfortable
Very Uncomfortable
Comfort Scale

Welcome to

INSERT HOSPITAL NAME HERE

The comfort menu has been created to assist you and your healthcare team to work together to reach your comfort goals. Your role as the key member of the healthcare team is essential in designing your treatment plan.

We encourage the use of menu options listed below prior to moving to medication. We hope the comfort menu will assist in identifying comfort options that will make you feel confident in your treatment plan. These comfort options can be used at home as well.

If you have any questions or comments, please speak with a member of your healthcare team. Thank you for giving us the opportunity to be part of your healthcare team.

Comfort
- Eye drops
- Extra pillow
- Fan
- Moisture in your oxygen
- Cold pack
- Warm pack
- Mouth sponge
- Pillow under your knees/ankles
- Saline spray for your nose
- Warm blanket
- Warm washcloth
- Pajamas
- Non-slip socks

Personal Care
- Combs
- Brush
- Shave cream
- Hair ties
- Deodorant
- Lip balm
- Lotion
- Nail file
- Shaver
- Shaving cream
- Shampoo
- Conditioner
- Toothbrush
- Toothpaste
- Dental floss

Comfort Actions
- Shower
- Wheelchair
- Range of motion
- Gentle stretching
- Repositioning
- Nails in the hall
- Bathing ball

Relaxation
- Ear plugs
- Eye cover
- Massage therapy
- Music therapy
- Chaplain visit
- Visitors
- Quiet, uninterrupted time with your nurse
- Stress ball
- Aromatherapy
- Window shade down
- Lights out
- Door closed
- Playing cards

Medication
- Discuss the realistic comfort goals you have with your healthcare team.
- Discuss allergies, side effects and current medication combinations to ensure the medications you will be receiving are safe and effective for you.
- Depending on your goals, some medication options may include Tylenol, Advil, Naproxen, and Cymbalta.
- While opioids have their place, they should be started at a low dose and stopped as soon as possible.

Developed in collaboration with Brodsky Medical Center.
Post-Operation Comfort Plan

My Realistic Comfort Goals and Plan:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>At Rest</th>
<th>When Moving</th>
<th>Plan to Reach Realistic Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>First 3 hours at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First full day at home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next three days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next seven days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next two weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comfort Scale:
- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Somewhat Uncomfortable
- Uncomfortable
- Very Uncomfortable

Options for Improving my Comfort Level:

- Use of Comfort Menu items/alternative pain relieving measures - circle those that you want to try at home.
- Pain Medication (name, dose, how often, instructions):
  1.
  2.

Before you leave the hospital, make sure you understand your provider’s instructions regarding medications to improve your comfort level and treat any pain you might have:
- What pain medication am I taking?
- Why am I taking it?
- How should I take it?
- What are the side effects that I should watch out for?
- When should I stop taking it?
- Where do I dispose of unused medication? After how many days?

Once home, call your primary care provider (__________) at (__________) if:
- Your pain is not getting better with the comfort options or medication
- You are experiencing side effects of pain medication (nausea, vomiting, dizziness)

Call 911 immediately if your skin is clammy or pale, you have a low heart rate, small pupils, slowed breathing, slurred speech, and/or extreme sleepiness.
Disposal and Treatment Centers

Opioid Resources for Hansen Family Hospital

Drop-Off Sites (controlled substances)

Hardin County Sheriff’s Office
1116 14th Ave
Eldora, IA 50627
641-380-2109
Open 24 hours a day, 7 days a week

Treatment Facility
Substance Abuse Treatment Unit of Central Iowa
9 N. 4th Ave.
Marshalltown, IA 50158
641-752-5421
Open: M-F 8am - 5pm
Saturday: Closed
Sunday: Closed

Standing Naloxone Order
All Walgreens, CVS, and Hy-Vee Pharmacy locations

Medicap RX Holdings
1092 Brighton Ave.
Eldora, IA 50627
641-380-3167
Open: M-F 8:30am-5:30pm
Saturday: 9:30am-12:30pm
Sunday: Closed

NuCara Pharmacy
712 Main Street
Ashley, IA 50601
641-847-2585
Open: M-F 8:30am-5pm
Saturday: 8:30am-12pm
Sunday: Closed

iowa PMP: https://pharmacy.iowa.gov/pmp/pmp-information-practitioners
Results of First Cohort
Adverse Drug Event Rate

**Numerator:**
Number of Acute Care, SNF, Swing Bed and Observation adverse drug events

**Denominator:**
Number of Acute Care, SNF, Swing Bed and Observation patient days

**Data Sources:**
Self-reported
Opioid Therapy Treatment Plan

Numerator:
Number of patients discharged from a hospital on opioids with patient specific goals of therapy at discharge

Denominator:
Number of patients discharged on opioids

Data Sources:
Self-reported
**Stat Naloxone Administration in the IP Population**

**Numerator:**
Number of episodes where a reversal agent (e.g. naloxone) is administered to Acute Care, SNF, Swing Bed and Observation patient prescribed opioids

**Denominator:**
Acute Care, Skilled Nursing Facility, Swing Bed and Observation patients prescribed opioids

**Data Source:**
Self-reported
Stat Naloxone Administration in the ED

**Numerator:**
Number of episodes where a reversal agent (e.g. naloxone) is administered to patients in the emergency department

**Denominator:**
Number of patients in the emergency department

**Data Source:**
Self-reported
Data and Measurements

- Adverse Drug Event Rate
- Baseline: Jan – Dec 2014 – 3.695
- Increase in number of hospitals reporting in HEN 2.0.
- As ADE rates were declining over time, naloxone usage was trending upward.
Data and Measurements

▪ Stat Naloxone administration outside the Emergency Department

▪ Baseline: Jan – Dec 2014 – 0.177

▪ Data trending upward but rates remain low (below 1%).
What percentage of your in-patients discharged on opioids have a pain management treatment care plan?

- None
- 0-25%
- 26-50%
- 51-75%
- 76-100%
- Not Sure

[Bar chart showing the percentage of project participants for each category pre and post project.]
Survey Results

How are you educating your patients about realistic pain management goals?

- Using white board for pain goals
- Discharge planning
- Initiation of treatment plan
- Other

![Bar chart showing the percentage of project participants in pre-project and post-project phases for different methods of educating patients about pain management goals.](chart.png)
Survey Results

How often do your providers or other hospital staff access the Prescription Monitoring Program database prior to providing opioid prescriptions?

- Never
- 1-25%
- 26-50%
- 51-75%
- 76-100%
- I am not sure

Pre Project
Post Project

Percent of Project Participants
Survey Results

Does your institution provide or participate in education and awareness for your community about the safe and effective use of opioids?

- Yes
- No
- I am not sure

Percent of Project Participants

- Pre Project
- Post Project
Survey Results

Do you know where the medication disposal sites for opioids are located in your area?

No

Yes

Pre Project
Post Project

Percent of Project Participants
Second Cohort Requirements
Commitment of Participation

- Identify an executive sponsor to support your participation by January 18, 2018.

- Assemble an Opioid Guardianship Project team to assist your facility in successfully completing the action focused phases of this project. Hold team meetings at least every other week.

- Submit required self-reported data to HIIN database around ADE measures.

- Complete pre and post-project surveys by deadlines.
Commitment of Participation

- Complete pre- and post-survey by deadlines.

- Share successes and challenges with cohort colleagues throughout the project.

- At least one team member will participate in each of the four webinars.

- Utilize the Comfort Scale in a sample population to participate in the required research study.

- Provide community outreach on the safe and effective use of opioids.
Opioid Guardianship Take-Two Timeline
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 5, 2018</td>
<td>Commitment email &amp; Pre-survey Due</td>
</tr>
<tr>
<td>January 18, 2018</td>
<td>Webinar One – Legality around Opioid Practice</td>
</tr>
<tr>
<td>January 31, 2018</td>
<td>Why and How: Prescription Monitoring Program (CEU)</td>
</tr>
<tr>
<td>February 15, 2018</td>
<td>Webinar Two – Looking Through a New Lens: From Pain to Comfort</td>
</tr>
<tr>
<td>February 15, 2018</td>
<td>Official launch of Comfort Resources</td>
</tr>
<tr>
<td>February 28, 2018</td>
<td>Train the Trainer Education: How to Execute a Community Meeting</td>
</tr>
<tr>
<td>March 15, 2018</td>
<td>Upstream Prevention: Tools and Best Practices (CEU)</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>March 29, 2018</td>
<td>Webinar Three – Breaking Down the Silos: Mobilizing your Team</td>
</tr>
<tr>
<td>April 12, 2018</td>
<td>Untold Stories of Diversion (CEU)</td>
</tr>
<tr>
<td>May 3, 2018</td>
<td>Webinar Four – Patient Centered Care: Monitoring and Disposal</td>
</tr>
<tr>
<td>May 17, 2018</td>
<td>Addiction Identified: Now What? (CEU)</td>
</tr>
<tr>
<td>June 10, 2018</td>
<td>Post-survey due</td>
</tr>
<tr>
<td>June 21, 2018</td>
<td>Project Review Webinar</td>
</tr>
<tr>
<td>June 21 – July 21, 2018</td>
<td>Virtual meetings for data and project review</td>
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Next Steps
Translational Research

- Partnering with Drake University College of Pharmacy & Health Sciences
- Impact study on comfort scale
- Inpatient and Outpatient
- Hopefully publishing later this year
Implementing Comfort Resources

- Pilot project with clinics and Community Pharmacy Enhanced Services Network (CPESN) pharmacies

- Partnering with South Dakota HealthPoint to pilot a medication management and pharmacy clinic collaboration

- Implementation into long term care facilities
Questions
Contact Us

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Jennifer Creekmur, RN, BSN, CPHQ
creekmurj@ihconline.org
QUESTIONS?
THANKS FOR ATTENDING!

JOIN US TUESDAY, FEB. 13:
MILLION HEARTS CAMPAIGN: WHERE WE HAVE BEEN & WHERE WE ARE GOING

Questions? Contact David Schaaf at dschaaf@iarx.org or 515-270-0713