Limiting Opioid Use in the ED

Jason Hoppe, DO

This activity is jointly-provided by
SynAptiv and the
Colorado Hospital Association

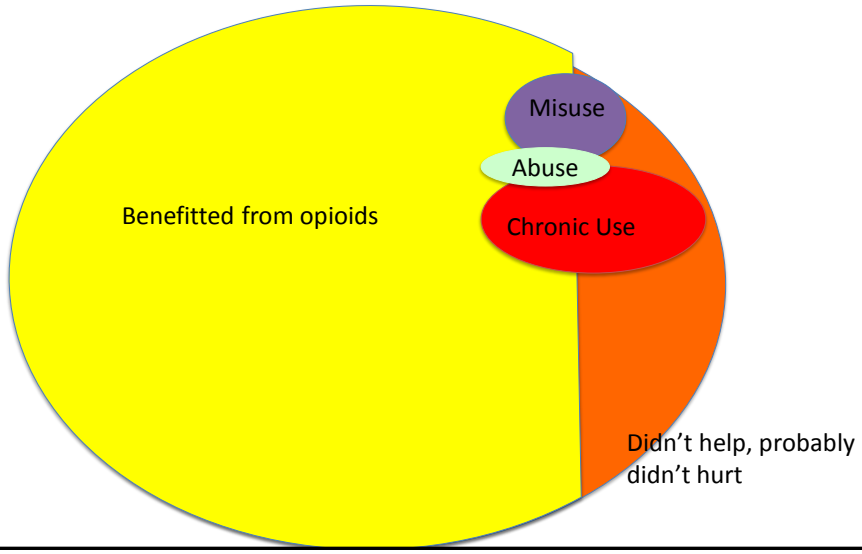
Conflict of Interest Disclosure Statement

I have no financial interest or other relationships with the industry relative to the topics being discussed.

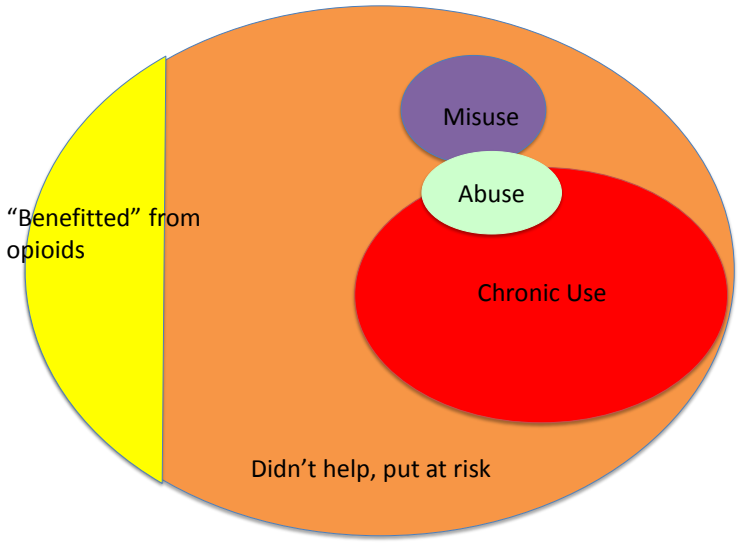
The big question

- To what degree does my care episode (+/- an opioid rx) impact both my patient's health and public health?
  - Clear benefit?
  - Risk of a single exposure? What is too many pills?
  - Initiation/treatment momentum?
  - What can I do to minimize risk?
  - When/how do I intervene?
  - Should I be initiating Suoboxne?

1999 Perspective: 10,000 foot view



2018 : 10,000 foot view



"Appropriate" use of opioid analgesics

- Constant re-evaluation of risk/benefit → adjust practice
  - Personal tolerability: medical risk vs. medicolegal risk
  - Institutional: Expectations, care plans, clinical pathways
  - Professional/political: Regulate or be regulated

Acute->Long-term opioid use

- Patients receiving an opioid for acute pain are at increased risk of LTO (40% more likely)
- Difficult to stop the momentum
- Risks with opioids for chronic pain
  - Misuse 21-29%
  - Addiction 8-12%

Alam A et al, Arch Intern Med 2012;172:425-30, Hoppe J et al Ann Emerg Med 2015;65:493-499
Martin BC, et al. J GIM 2011;26:1450-7, Vowles KE, et al. Pain.2015;156(4):569-76

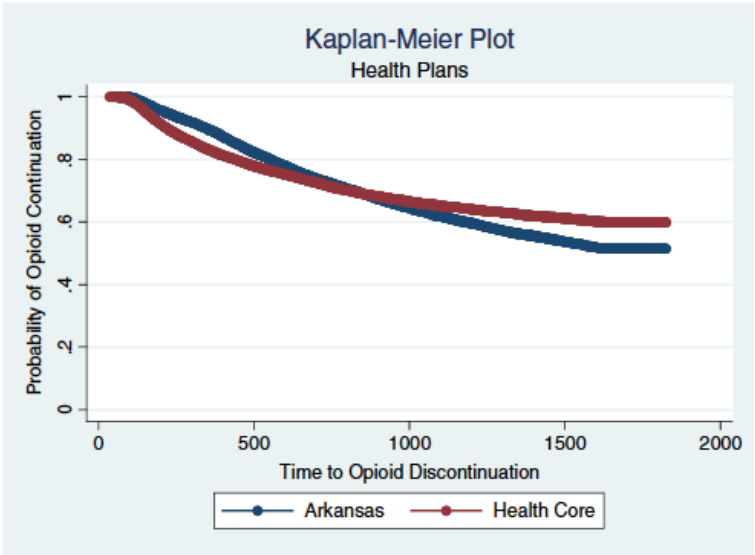


Figure 1. Days until opioid discontinuation by health plan type, 2001–2005.

Martin BC, et al. J GIM 2011;26:1450-7

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 66 / No. 10
March 17, 2017

Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015

Anuj Shah[1]; Corey J. Hayes, PharmD[1,2]; Bradley C. Martin, PharmD, PhD[1]

FIGURE 1. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of days' supply* of the first opioid prescription — United States, 2006–2015

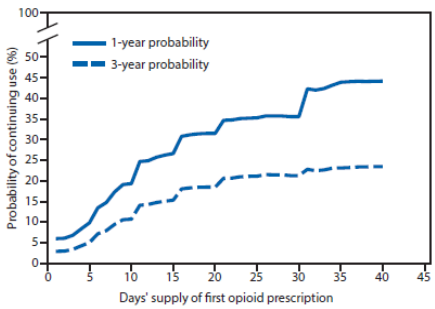
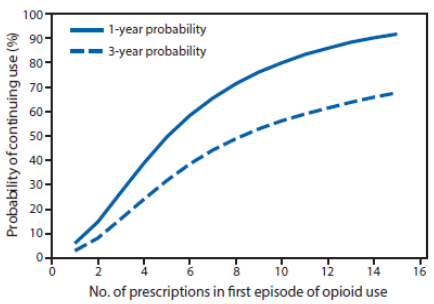


FIGURE 2. One- and 3-year probabilities of continued opioid use among opioid-naïve patients, by number of prescriptions* in the first episode of opioid use — United States, 2006–2015

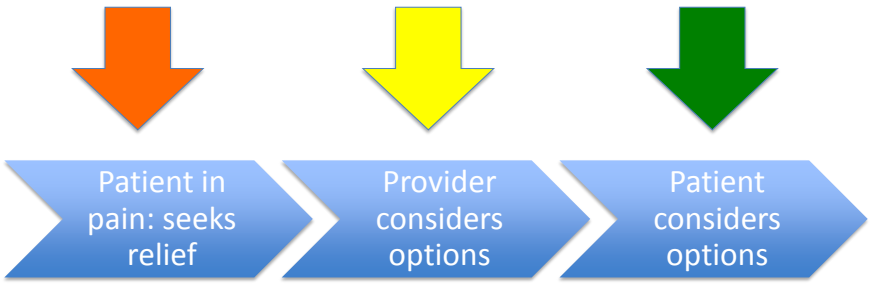


Information gap

- How many patients should have less pain relief to avoid downstream consequences?
- **OR…**

- How many patients need to be unnecessarily exposed to opioids in order successfully improve a life?

When to intervene?



- Public health/PR
- Expectation setting
- Treatment guidelines

- Risk assessment
- Clinical decision support
- Clinical pathways

- Shared decision-making
- Education
- Disposal/resources

Potential workflow solutions

- Sharing of data (HIE, EDIE, PDMP)
- Screening (push vs. pull of data)
- PDMP implementation
- Pathways/ordersets/ prescription defaults
- Feedback to providers (internal, external)
- Collaboration with pharmacy
- Resources for those at risk
- Storage and disposal

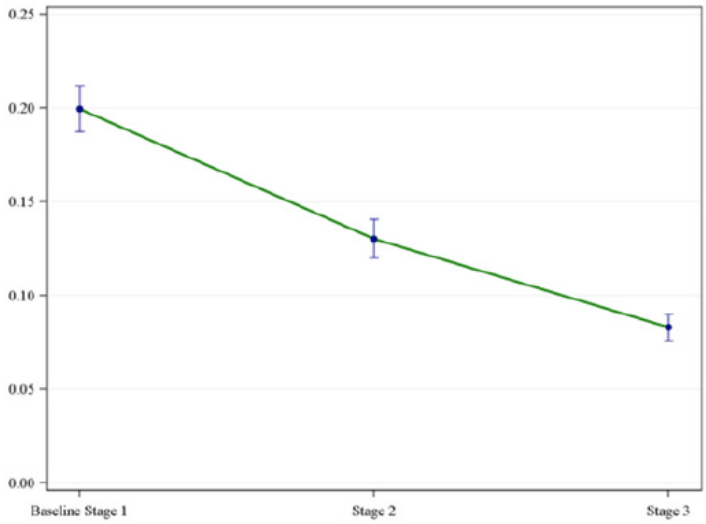
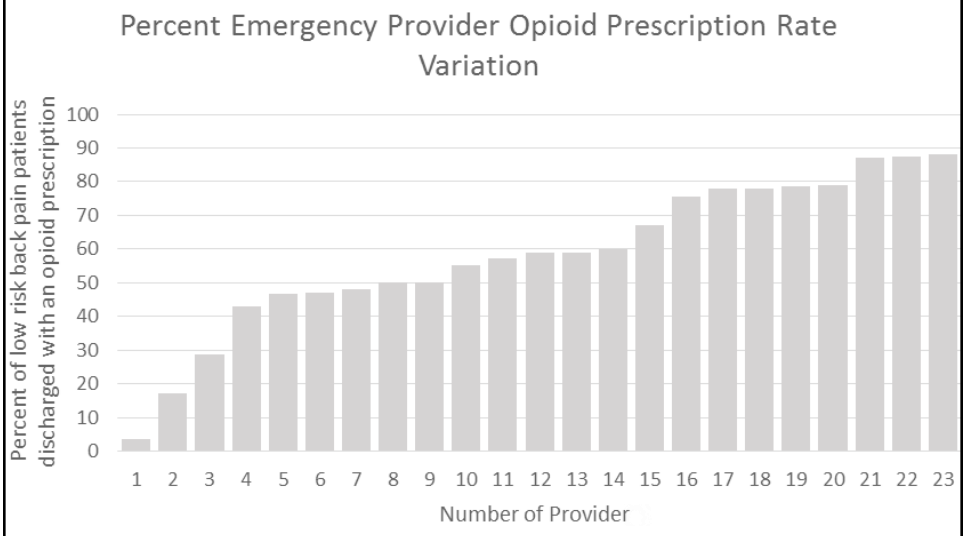


Figure 1. Mean stage physician prescribing rates and corresponding standard errors by stage of intervention.

Burton JB, et al. WJEM 2016;17:258-63



Hoppe JA, et al. WJEM 2017;18:1135-1142

Patient centered outcomes

- Expectations? 80% ED rx filling rate
- "Price" on acute relief of pain?
- Patient values/satisfaction
- Patient reported data (pain severity, functionality)
- Improved follow up technology

Kim H, et al. Am J Health Syst Pharm. 2016 Jun 15;73(12):902-7