

Wisconsin Team Performance Story

July 14, 2020

*Implementing and Scaling Electronic Health Record
Clinical Support Tools to Optimize Prescribing for Pain
Medications*



Project Background



§ Critical need to address the opioid crisis in Jefferson County

- 2015-2017: death rate/100,000 population due to opioids nearly tripled in Jefferson County

§ Fort HealthCare (FHC) - primary health care system and only hospital in Jefferson County

- FHC - Cerner electronic health record (EHR) "ITWorks" site

§ *Objective: to evaluate the initiation of EHR-based clinical decision support toolkit to improve opioid prescribing.*

Opioid Deaths



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Project Background: Cerner Opioid Toolkit

- Clinical decision support integrated into the Cerner electronic health record (EHR)
 - Assists providers in identifying, treating and managing patient care
 - ✓ Extracts & evaluates patient data already active in the EHR and alerts providers, when appropriate
 - ✓ Aids providers in more robustly evaluating opioid prescribing risks by offering more information to implement mitigation strategies
 - Health system analytics can be evaluated to assess prescribing patterns and improvement of opioid stewardship activities and goals

- FHC facing challenges with opioid treatment agreements and coordinating patient care among the care team – decided to implement toolkit
 - Store treatment plan information in EHR
 - Alert all care team members about agreement
 - Alert prescribers of patients at high risk whom benefit from being part of a treatment agreement
 - Alert prescribers of patients at high risk who might benefit from the prescribing of naloxone for home/emergency use

Our Vision

Eliminate prescription opioid related morbidity and mortality in Jefferson County and beyond.

- ❑ Capitalize on the power of technology
- ❑ Co-prescribe naloxone, engage with and inform Fort HealthCare providers and community pharmacists
- ❑ Leverage the Wisconsin statewide standing order for naloxone

Our Bold Aims

Aim 1: Reduce % of non-cancer patients with ≥ 90 MME use ≥ 90 days by 10% by July 2021.

Aim 2: Reduce % of patients with concurrent opioid and benzodiazepine use for ≥ 30 days by 10% by July 2021.

Aim 3: Increase % of patients with opioid prescriptions who obtain naloxone from a community pharmacy by 10% by July 2021.



Community Partnerships that Drive Progress



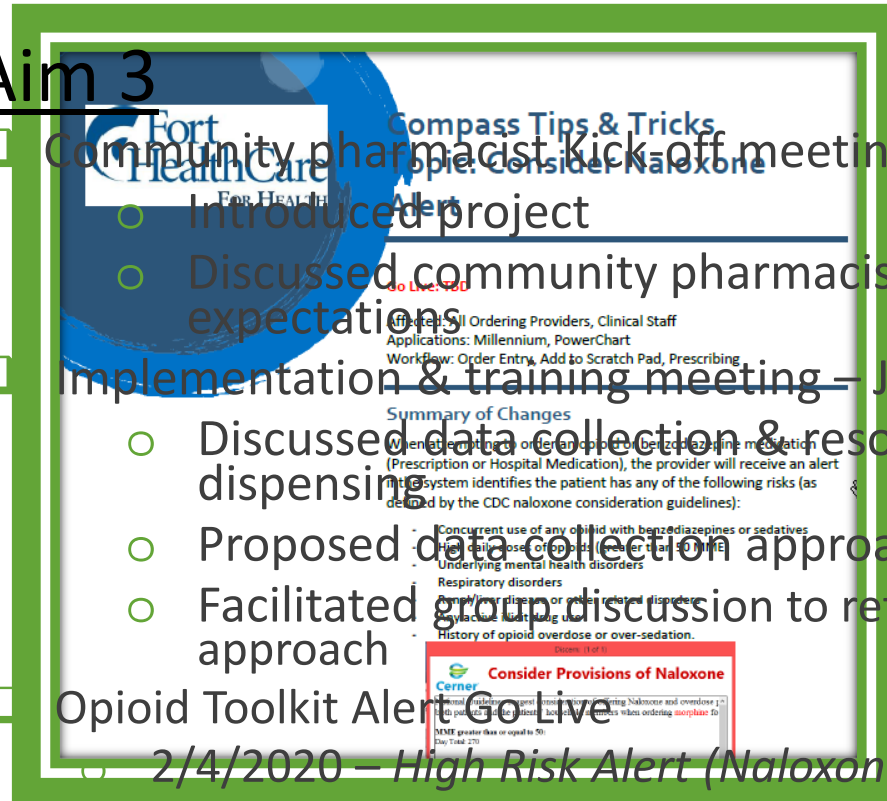
Intervention Implementation Highlights

Aims 1 & 2

- ❑ Testing background technology
- ❑ Training & educating providers
- ❑ Opioid Toolkit Alerts Go Live
 - 1/6/2020 - *Chronic Opioid User*
 - 1/13/2020 - *Opioid Treatment Agreement*

Aim 3

- ❑ Community pharmacist kick off meeting – Sept. 2019
 - Introduced project
 - Discussed community pharmacist’s roles and expectations
- ❑ Implementation & training meeting – Jan. 2020
 - Discussed data collection & resources about naloxone dispensing
 - Proposed data collection approaches
 - Facilitated group discussion to refine & agree on approach
- ❑ Opioid Toolkit Alert Go Live
 - 2/4/2020 – *High Risk Alert (Naloxone)*





Sondergerger Research Center
SCHOOL OF PHARMACY
UNIVERSITY OF WISCONSIN-MADISON



Wisconsin Pharmacy
Foundation

Fort
HealthCare
FOR HEALTH



COVID-19 WHAT CAN WE DO?

Contact your local Hometown Pharmacist to see how we are able to help you stay safe during this stressful situation.

PLEASE KEEP THESE IN MIND WHEN VISITING OR CONTACTING YOUR PHARMACY



STAY HOME

If you absolutely must visit the pharmacy, PLEASE call your prescriptions in a day or two early to avoid lingering among potentially sick customers. We ENCOURAGE all customers to use our curbside pick-up, drive through and delivery options!

SANITIZE

Please Sanitize your hands BEFORE entering to protect pharmacy staff and AFTER to protect yourself. If possible, please use your debit/credit cards instead of passing money back and forth to limit exposure.



BE PATIENT

We are doing our best to keep our stores safe, please do your part and consider others. We are living in uncertain times and it will remain that way for some time, but if we all do our part, we will get through this together. Stay safe, be well. Hometown Pharmacy is here for YOU.

Intervention Implementation Challenges

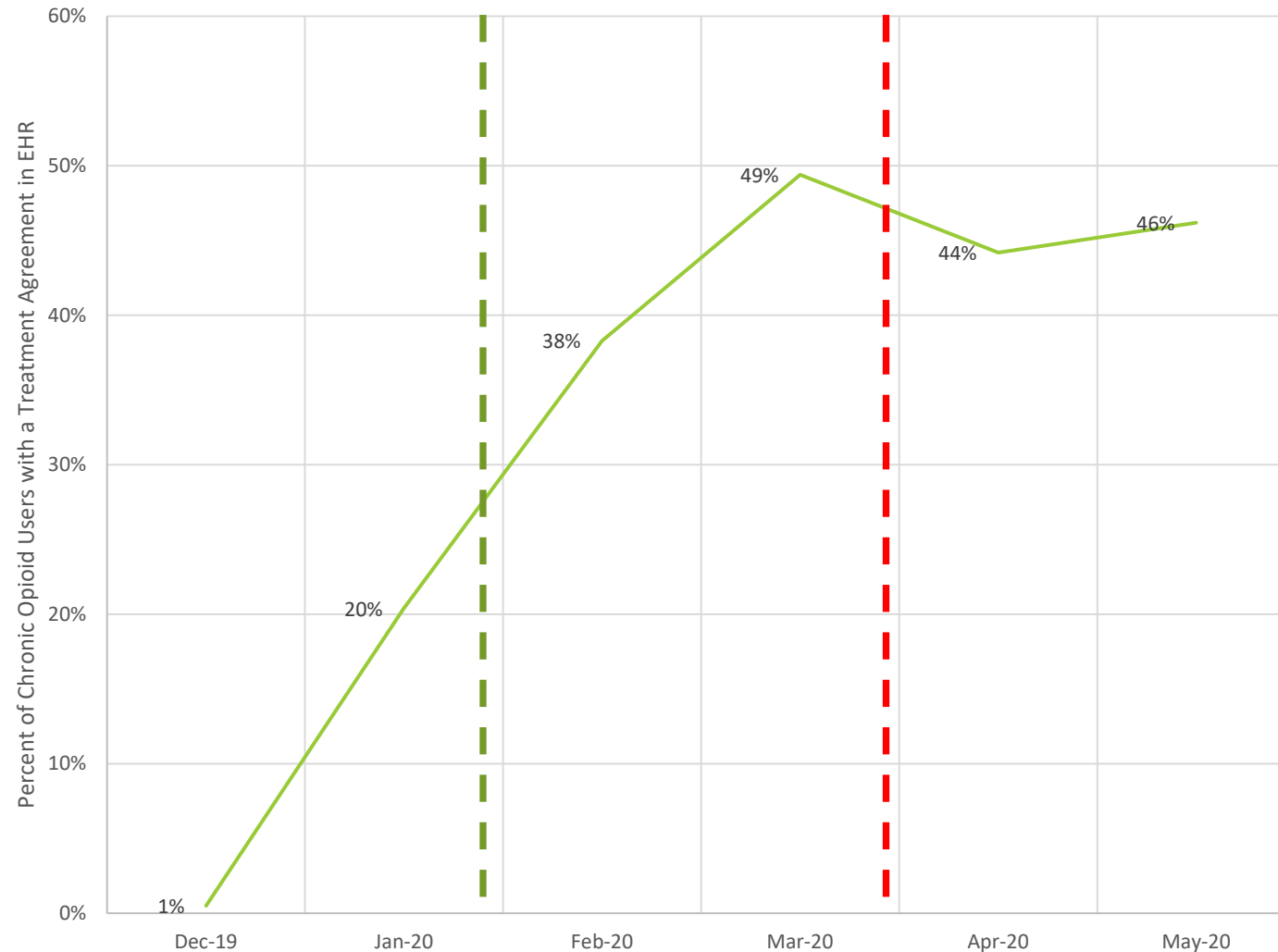
- § COVID-19 – March 2020
- § Dramatic shift in Fort HealthCare health-system triage and resources
 - Many elective surgeries canceled – opioid prescribing for acute post operative pain decreased
- § Community Pharmacies closed retail storefronts & pivot to deliver prescriptions curbside/to homes
- § McCullough's closed March 2020 (separate from COVID)

Case example: Effect of Opioid Toolkit

Just after go live, Fort HealthCare analysts, continuing to monitor the roll-out of the new clinical decision support tool shared data with the Pharmacy Director that really validated the intention of the toolkit to aid in influencing prescribing behaviors when clinicians have the data they need in real-time.



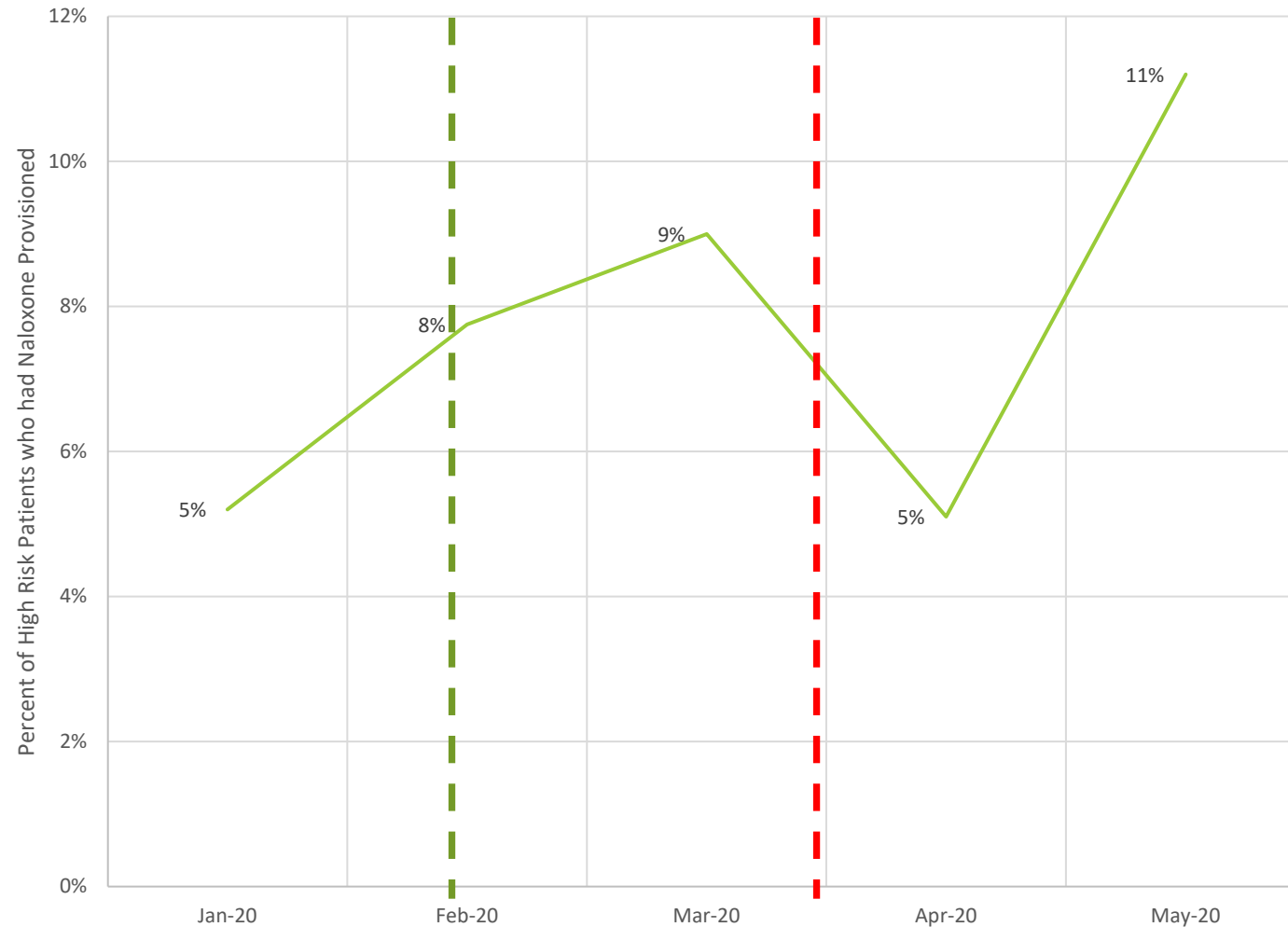
Preliminary Data



Cerner Lights On Network[®] Data: Are Patients identified as Chronic Opioid Users in a Treatment Agreement?

Please note: These data represent treatment agreements electronically entered into the EHR. This does not represent all patients who have an active treatment agreement if that treatment agreement may be completed via legacy practices.

Preliminary Data



Cerner Lights On Network[®] Data:
Do High Risk Patients have Naloxone Provisioned?

--- WI "Stay At Home" order Activated

--- Go-Live: Naloxone High Risk Patient Alert

Please Note: These data shows ONLY naloxone prescriptions, notated within the electronic health record in the medication history section of the EHR. This does not represent any prescription filled that may not have been reported back to the ordering provider, filled via the Wisconsin Standing order.

Clinical Decision Support Feedback from Fort HealthCare Providers

- ❑ Technical feedback (Immediately post Go-live)
 - Naloxone Alert
 - Only allowing link to “inpatient order/facility administered order” for naloxone, not outpatient orders
 - Lengthy time to “load”
 - Continuously fires for each patient visit
 - Immediate real-time “fixes” were completed as needed
- ❑ Discussions and observations about Opioid Toolkit Alerts
 - FHC Opioid Stewardship reviewed feedback in April & May 2020 meetings (Plan-Do-Check-Act)
 - Positive feedback overall
 - Requested information related to CDC guidelines inclusion of “High Risk”



Feedback from Pharmacists

- ❑ Volume of naloxone dispensing decreased in March and April
- ❑ Community Pharmacies: Acting under the Wisconsin Standing Order
 - COVID-19
 - Pharmacies transitioned to curbside or delivery of prescriptions only
 - Less time interacting with patients, fewer opportunities to discuss naloxone with patients
 - Also patients may not be able to afford naloxone due to job loss
- ❑ Fort HealthCare: WI “Safer at Home Order” and “SURGE” planning required triage of patient visits, increased telehealth used

We are using data to make recommendations that protect the health and safety of Wisconsinites

We are using gating criteria (metrics and data) to determine when we can safely reopen Wisconsin.



 Personal Protective Equipment

 Testing Supplies

 Resilient Wisconsin

Critical Next Steps

- ❑ Fort HealthCare
 - Translate data from the EHR more robustly
 - Bi-monthly meetings
 - New ambulatory pain management pharmacist
- ❑ Community Pharmacists – naloxone data:
 - Implement monthly data collection process
 - Collect pre-implementation data



Thank you!

