Opioid Stewardship Charter

Purpose:

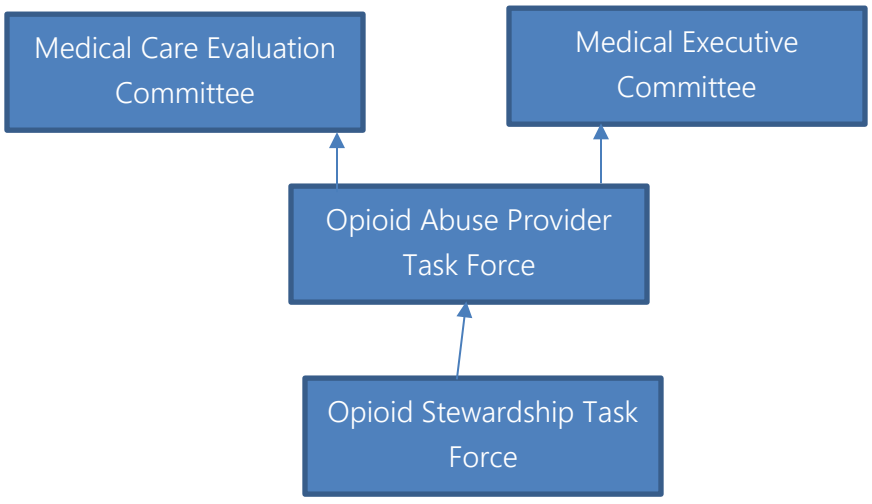
This team's purpose is the convene [Health System] key stakeholders who are integral in the development of organizational principles for the risk-reduction, safety promotion, best-practice optimization and regulatory compliance in the management of opioids and other pain medication and pain treatment modalities.

- The Stewardship Group will be comprised of two entities working in tandem to accomplish the goals and purpose of this team.
- Members of these team will, by necessity and design, be linked with community based efforts, state based efforts and even possibly national effort in their area of focus to reduce the harmful impact of the Opioid Epidemic.
- Use the [Health System] Mission and Vision to guide our decisions, our goal setting and our practice.
- Make Opioid Abuse Reduction part of our strategic organizational initiatives.

Goals of the Team:

1. Evaluate and proactively respond to trends in opioid and benzodiazepine prescribing and patient use
2. Promote, investigate and respond positively to aid in the prevention of opioid use disorders and opioid related deaths.
3. Focus on helping all community members and patients gain access to skill services for the treatment of opioids use disorders

Reporting Structure:



Opioid Abuse Providers Task Force:

*Members Name **	*Role/Title*
	Physician Chair
	Physician Member – ENT
	Physician Member – Emergency Services
	Physician Member – Pain Management
	Physician Member – Surgery
	Physician Member – Emergency Services
	Physician Member – OB/GYN
	Advanced Practice Member – Family Practice
	Physician Assistant Member – Family Practice
	Physician Member – Hospitalists
	Physician Member – Family Practice
	Physician Member - Pediatrics
	Physical Rehabilitation Services Director
	Director of ITWorks
	Senior Director
	Executive Director
	CNO
	President & CEO

Items/Tasks in Scope of this team:

- Ensure [Health System] Hospitals and Clinics compliance with regulatory requirements which address opioid and pain medication treatment, included but not limited to standards of the Joint Commission, Centers for Medicare and Medicaid, Payment Related Rule making (MIPS, ACO, MSSP, TPP's) and ensure all State and Federal regulations pertaining to the diagnosis, treatment and management of pain are considered.
- Using data provided by the Opioid Stewardship Task Force (OSTF):
    - Evaluate practice at the clinic level, department level, practice area and provider level seeking areas for enhancement for practice, discovery of provider-specific or practice based variability, and recommend interventions to optimize patient outcomes.
- Provide insight and promote the use of OSTF created, evidence based PowerPlans and Care Sets focus on the treatment of pain, both acute and chronic pain.
- Oversee and authorize the efforts to optimize [Health System] Medical Staff prescribing surveillance*
- Seek out and participate in community-based opportunities with allow the healthcare providers of [Health System County or Service area] to act as partners with our community based organizations who seek to reduce the risk the opioid addiction epidemic poses to our community.
- Promote and encourage the safe and effective use of opioids in their own practice but also across the [Health System] Organization.
- Promote and encourage the use of non-opioid treatment modalities in the treatment of pain, pain conditions, when applicable.

Opioid Stewardship Task Force

*Members Name **	*Role/Title*
	Co- Facilitator, Quality Director
	Co- Facilitator, Pharmacy Director
	Advanced Practice Member – Hospitalists Group
	Certified Nurse Anesthetist – Perioperative Services
	Pharmacy Clinical Specialist
	Ambulatory Pharmacist
	Emergency Services Director
	Perioperative Services Manager
	Inpatient Services Manager
	Inpatient Services Coordinator – Ortho Liaison
	Education Services
	Behavioral Health Manager
	Physical Therapy
	Nursery/GYN/OB Services Manager
	Pharmacy Clinical Specialist
	FMG Clinic Manager
	Quality Analyst
	ITAnalyst

Items/Tasks in Scope of this team:

1. Implement, with the assistance of ITWorks, the Opioid Management Tool in electronic health record
    a. Use this tool to collect [Health System] specific patient and provider data
    b. Use this data to optimize care delivery for the entire [Health System] organization
    c. Use the Mission and Vision to guide our decisions and goals.
2. Using evidence based best practices, guide the creation of PowerPlans and Care Sets focused on the treatment of pain, both acute and chronic.
3. Discover, Suggest, Implement and Track the success of pharmacology pain management options.
    a. Goals:
        i. Treat at the optimal patient specific dose of therapy and for a duration necessary only for the indication (based upon history, indication, disease state, etc)
        ii. Create methods to ensure optimal follow up and monitoring of the patient response to pain and according follow up based upon the response to pain was completed.
        iii. Create opportunities for optimal patient education to the risks and benefits of use of pharmacology based pain treatment modalities (drugs)
4. Discover, Suggest, Implement, and Track Outcomes of patient centric physical therapy treatment modalities that reduce the need for opioid pain controlling medication therapy.
    a. Goals:
        i. ADD

5. Data collection efforts related to the inputs (prescriptions/orders, physical therapy consults, etc), assessments/monitoring and patient specific outcomes after the diagnosis of pain is recorded. Report findings to the Opioid Abuse Providers Task Force.
   See details below

Out of Scope Items:

1. [Health System] Medical Staff Peer Review

Definitions:

Opioid Orders

Number of opioid prescription orders written and dispensed with the DEA Number listed. Buprenorphine products are included in the count of opioid orders. Use the export feature of the Prescriber List to obtain information on average number of doses per prescription and for additional drug classes (stimulants, benzodiazepines, other).

Peer % Orders

The prescriber's percentile rank of number of opioid orders written and dispensed compared to other prescribers in the same specialty.

Avg. Opioid Orders

Average number of doses in opioid prescription orders written and dispensed with the DEA Number listed. Buprenorphine products are included in the count of opioid doses. Use the export feature of the Prescriber List to obtain information on average number of doses per prescription and for additional drug classes (stimulants, benzodiazepines, other).

Peer % Doses

The prescriber's percentile rank of average number of doses in opioid orders written and dispensed compared to other prescribers in the same specialty.

Opioid-Benzo Overlap

Number of patients, during the report period, that have concurrent active prescriptions for an opioid and a benzodiazepine. The overlapping prescriptions were not necessarily prescribed by the same prescriber.

High Daily MME

Number of patients, during the report period, that have active current prescriptions estimated to provide a daily dose of opioids that exceeds 90 morphine milligram equivalent (MME) doses.

Long-Term Opioid

Number of patients, during the report period, that have been prescribed at least 1 opioid prescription from 2 or more prescribers for 90 or more days. Note that multiple prescribers or dispensers may be associated with the same clinic, practice, or location.

PDMP Usage

PDMP Usage is a basic calculation of the number of the prescriber's controlled substance dispensings divided by the number of PDMP patient queries, including queries completed by a delegate of the prescriber. It does not take into consideration delegate queries associated with a different prescriber. Prescription orders for a 3-day supply or less are excluded from the PDMP usage calculation, but the calculation does not account for other exceptions to the PDMP usage requirement.

Team Guidance:

Electronic Health Record Tools:

The committee/team will strive to ensure that clinical staff have access to patient specific elements that aid in decision making including:

2. Medication Milli-Equivalents Calculations (EHR Vendor Opioid Management tool) - MME
3. Surveillance Data – through the Prescription Drug Monitoring Program (PDMP)
    a. Future goal: single sign on to the WI PDMP through EHR
4. Surveillance Data – past prescription fills and the existence of a Opioid Treatment Agreement
5. Information on opioid based Adverse Outcomes (overdose events, suicide risks, previous withdrawal treatment program inclusion) – Through EHR
6. Alerting to the possible need for Naloxone Prescription/Use Teaching – Through EHR
7. Use of automated dispensing units (RxStation) integration with EHR to show chain of command in all steps of Mediation Management from delivery to the organization to final patient consumption. (CS Audit process)

Uniformity of Patient Care Goals Across Practice Sites/Locations:

Using the platform of the Electronic Health Record and HealtheRegistries, the members of these committees, who are part of other committee will promote the practice recommendations of this committee. Examples:

1. Pharmacy & Therapeutics
2. Medical Executive Committee
3. Center for Joint Care Excellence
4. Practice Based Councils
5. Policy and Practice Councils
6. Medication Safety
7. Pediatrics Committee/Pediatrics Advisory
8. Primary Care Council
9. PowerPlan Committee

Access to the Virtual Department Folder:

The Facilitator(s) will update access to the Opioid Stewardship folder, removing and adding team members as needed based upon team goals.

Patient Quality Outcome Measures:

The organization will evaluate the impact of quality metrics, initiatives and processes by looking at the following patient central value measures:

Hospital-Based Metrics:

- Patient Outcomes
    - Proportion of hospitalized patients who received naloxone (Narcan)
    - Proportion of hospitalized patients on opioid therapy who have a Pasero opioid-induced sedation scale (POSS) greater than or equal to 3
    - Proportion of hospital days with 1 or more severe pain rating score
- Pain Assessment
    - Proportion of hospitalized patient who have documentation of defined pain goals
    - Proportion of hospitalized patients who have documentation of patient defined functional goals
- Pain Management Outcomes
    - Proportion of hospitalized patients who have multiple as needed (prn) pain/opioid orders with a duplicate as needed indication
    - Proportion of hospitalized patients receiving intravenous push (IV push) opioid doses
    - Proportion of hospitalized patients who are opioid naïve and have long-acting or extended release opioid orders (methadone, transdermal patches, extended release formulations)
    - Proportion of hospitalized patient with concurrent administrations of high doses of opioids and at least one medication from the following classes: benzodiazepines, barbiturates, sedatives hypnotics, GABA analogs, or muscle relaxants.
    - Proportion of hospitalized patients with opioid orders who have a standardized documentation of pain management plan (approved PowerPlan use)
    - Average dose of MME administered per day
    - Proportion of patients with an opioids dose greater than 50 MME/day
    - Proportion of patients with an opioids dose greater than 90 MME/day
- Discharge
    - Proportion of patients discharged from the hospital with opioid discharge prescriptions
    - Proportion of opioid discharge prescription that exceed 7 days of treatment
    - Proportion of patients discharged with opioid discharge prescriptions of greater than or equal to 50 MME/day
    - Proportion of patients discharged from Emergency Services with an opioid prescription.
    - Proportion of patients with opioid discharge prescriptions given in Emergency Services which exceed 3-5 days of therapy
    - Proportion of patient discharged on opioids who receive discharge education on opioids purpose, adverse effects, monitoring, secure storage/disposal, and alternatives.

Outpatient/Clinic-Based Metrics:

- Patient Outcomes

    - Proportion of community patients who have an MME greater than 50 with an active prescription for naloxone (Narcan)
    - Proportion of community patients with an opioid prescription who have been counseled/educated on the benefits and option of physical therapy.
    - Proportion of community patients with a chronic pain diagnosis, receiving opioid prescriptions that have an active pain management/opioid contract on file in the electronic health record.
- Pain Management Outcomes
    - Proportion of community patients who have multiple as needed (prn) pain/opioid orders with a duplicate as needed indication
    - Average dose of MME administered per day
    - Proportion of patients with an opioids dose greater than 50 MME/day
    - Proportion of patients with an opioids dose greater than 90 MME/day

Future:
Possible Evaluation of "Alternatives To Opioids" ALTO (Emergency Service Based Metric)

Reference: Rizk, E, Swan JT, Cheon, O, et al. Quality indicators to measure the effect of opioid stewardship interventions in hospital and emergency department settings. *Am J Health-Syst Pharm*. 2019;76:225-35

Creation of a report.