Office of Primary Care and Area Health Education Centers (AHEC) Program

Connecting students to careers, professionals to communities, and communities to better health

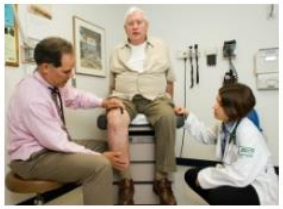
The Robert Larner, M.D. College of Medicine at the University of Vermont AHEC Program is a statewide network of community and academic partners working together through three regional AHECs and a Program Office at UVM to improve the health of Vermonters.

Education and Career Awareness

We believe the success in healthcare innovation, transformation, and reform depends on an adequate supply and distribution of well-trained healthcare professionals.

Recruitment

AHEC brings educational and quality improvement programming to Vermont's primary care practices and supports community-based health education across the state.



Retention

Our efforts focus on achieving a well-trained healthcare workforce so that all Vermonters have access to quality care, including those who live in Vermont's most rural areas and Vermont's underserved populations.

Announcements

Geriatrics Conference
April 5, 2017
Capitol Plaza, Montpelier, VT

Events Calendar

Archive >>

What's New?


PRIMARILY VERMONT

Healthcare Reform: A Focus on Population Health

From the Editor

Primarily Vermont Summer 2016 Issue (PDF)

Primarily Vermont Spring 2016 Issue (PDF)

The University of Vermont
LARNER COLLEGE OF MEDICINE

THE University of Vermont HEALTH NETWORK

ANALYSIS OF OPIOID PRESCRIBING IN VT

Charles MacLean, MD
Larner College of Medicine at the University of Vermont

Updated January 2018

Outline

- How data can be used to guide policy and practice
- Data sources
- Examples

Population management of chronic disease

Concept	Prescriber perspective
Basic epidemiology	*"I didn't realize this was such a big problem"*

Population management of chronic disease

Concept	Prescriber perspective
Basic epidemiology	*"I didn't realize this was such a big problem"*
Benchmarking to best practices	*"Group Health has really figured this out."*
Peer comparisons	*"Wow, Essex has a lot more opioid patients than any other practice!"*
Insights into causes of variation	*"No wonder we have a problem—our patients have a lot of social problems."*
Data for measuring improvement (QI)	*"We introduced a new counselor—has it made a difference?"*
Identification of targets for action	*"Here is a list of our highest risk patients for the case manager to contact."*

Data sources

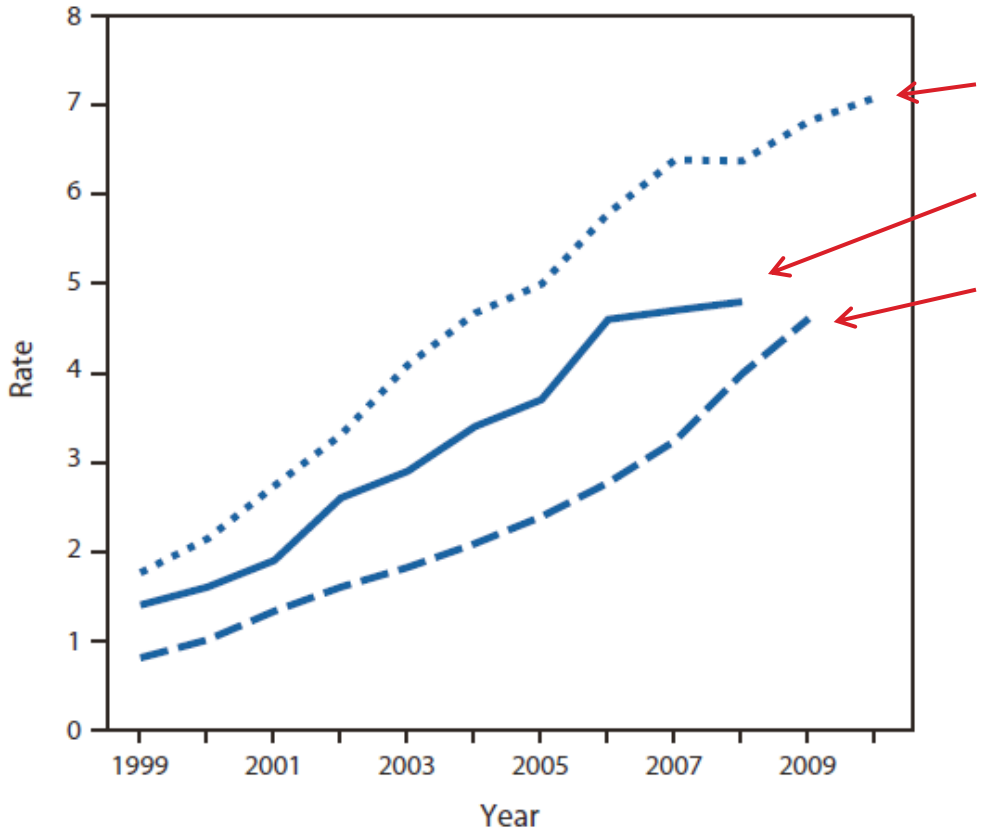
Source	Advantages	Disadvantages
Medical record	-practice controls the office systems	-prescriptions, not pharmacy fills -missing non-EMR prescribers -technical barriers to getting data from EMR vendor
Claims data	-claims regardless of location	-does not include cash claims -de-identified
VPMS	-all fills in Vermont -patients are identified	-may miss border states

Example1

Epidemiology and Public Health

Opioid prescribing in the US

- Increase in opioid prescribing in past 15 yr
- Overdose deaths tripled between 1999-2008



- MMWR Nov 2011
- MMWR Jan 2016

ANNUAL REPORT - 2015

VERMONT PRESCRIPTION MONITORING SYSTEM

VERMONT
DEPARTMENT OF HEALTH

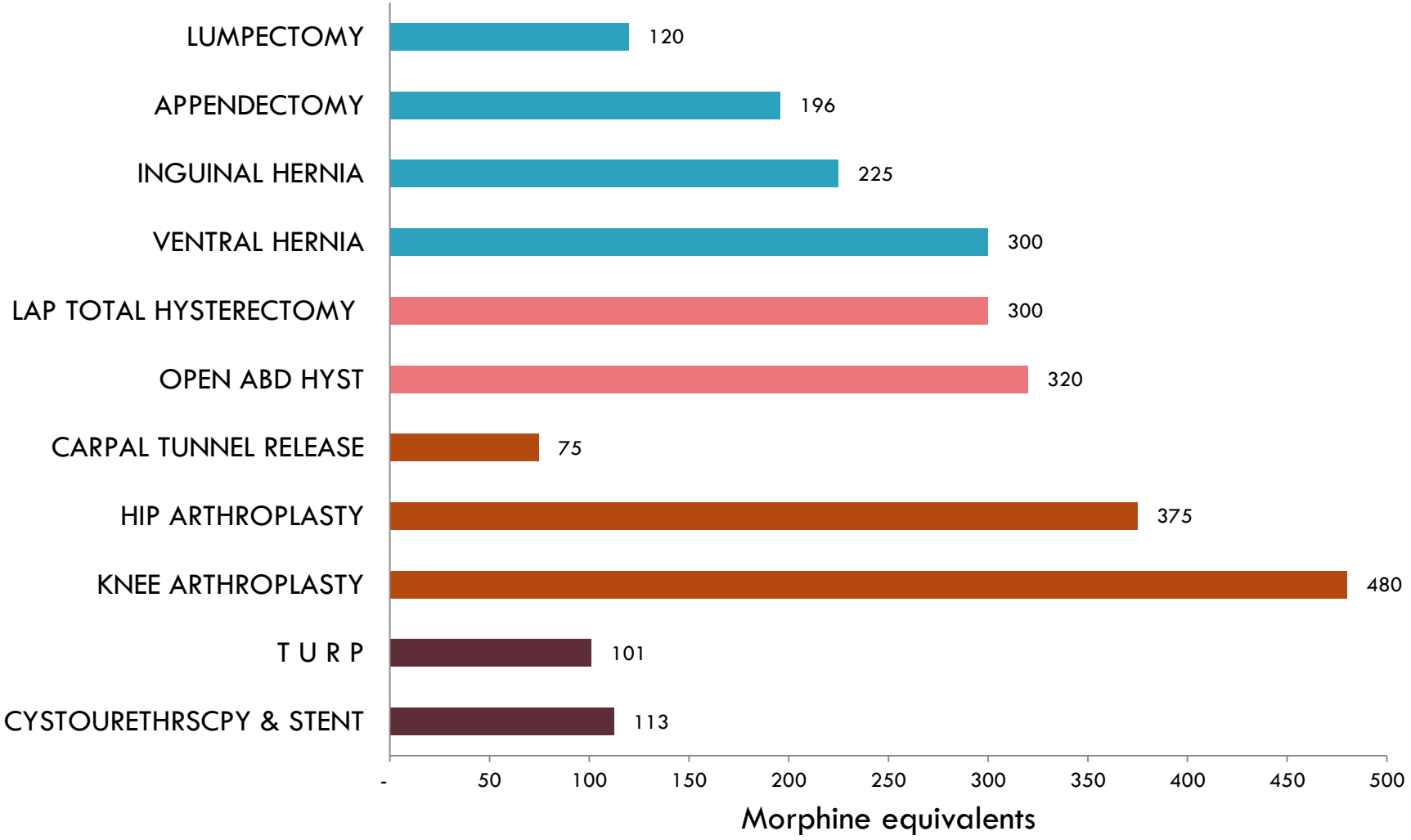
August 2016

Example 2

Post operative prescribing

(EMR data)

MME for common surgeries



Patient use

- General & orthopedic surgery
  - 93% of patients were given an opioid
    - 12% did not fill
    - 29% did not use at all
    - Most used less than prescribed
  - Overall about 30% of prescribed opioid was used

Example 2

What is the contribution of dentists and oral surgeons to the opioid supply?

(VPMS data)

Annual opioid prescribing by discipline

Prescribing metric	General Dental	Oral surgery
Number of Rx, median	21	490
Annual MME, median	1863	75,186
Estimated workforce in Vermont	~300	~16
Societal annual MME, estimated	500 K	1.2 M

Source VPMS 2014

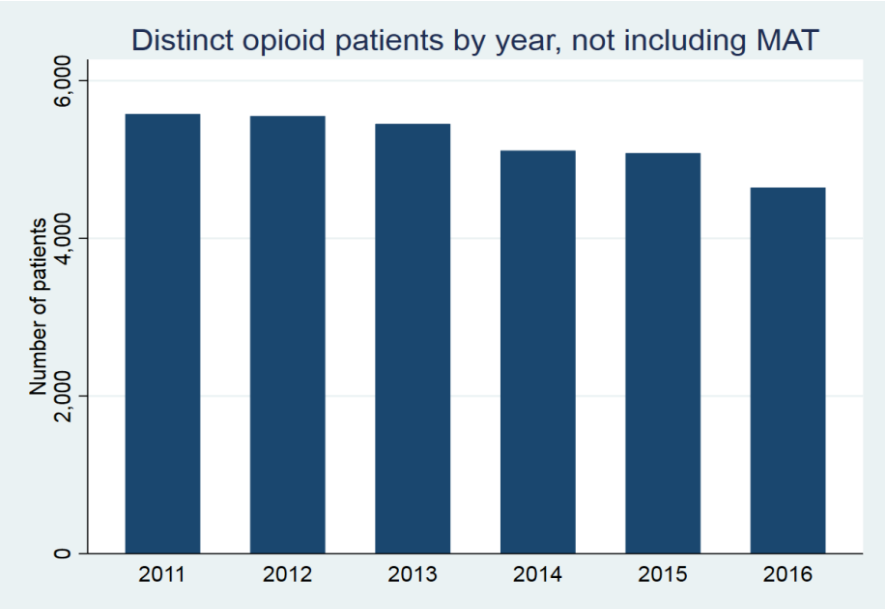
Post operative study in oral surgery

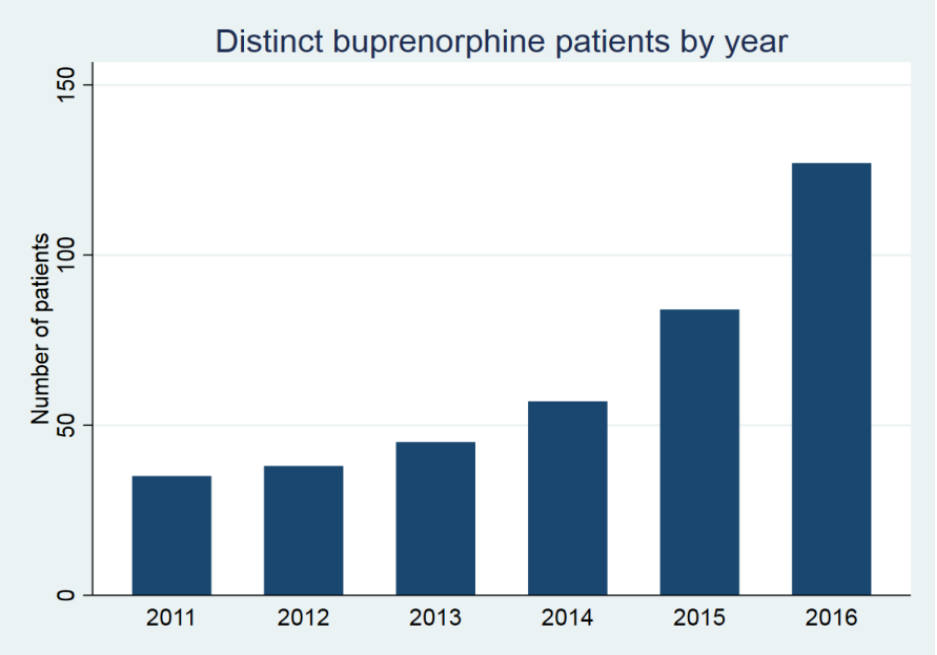
- Patients
  - 3rd molar extractions (N=46 + 20)
  - ~56% used some opioid
- Typical prescription
  - Average 60 MME/Rx (i.e. hydrocodone 5 mg #12)
- How much did patients use?
  - Median of 4 of the original 12 hydrocodone pills (20 MME)

Example 3

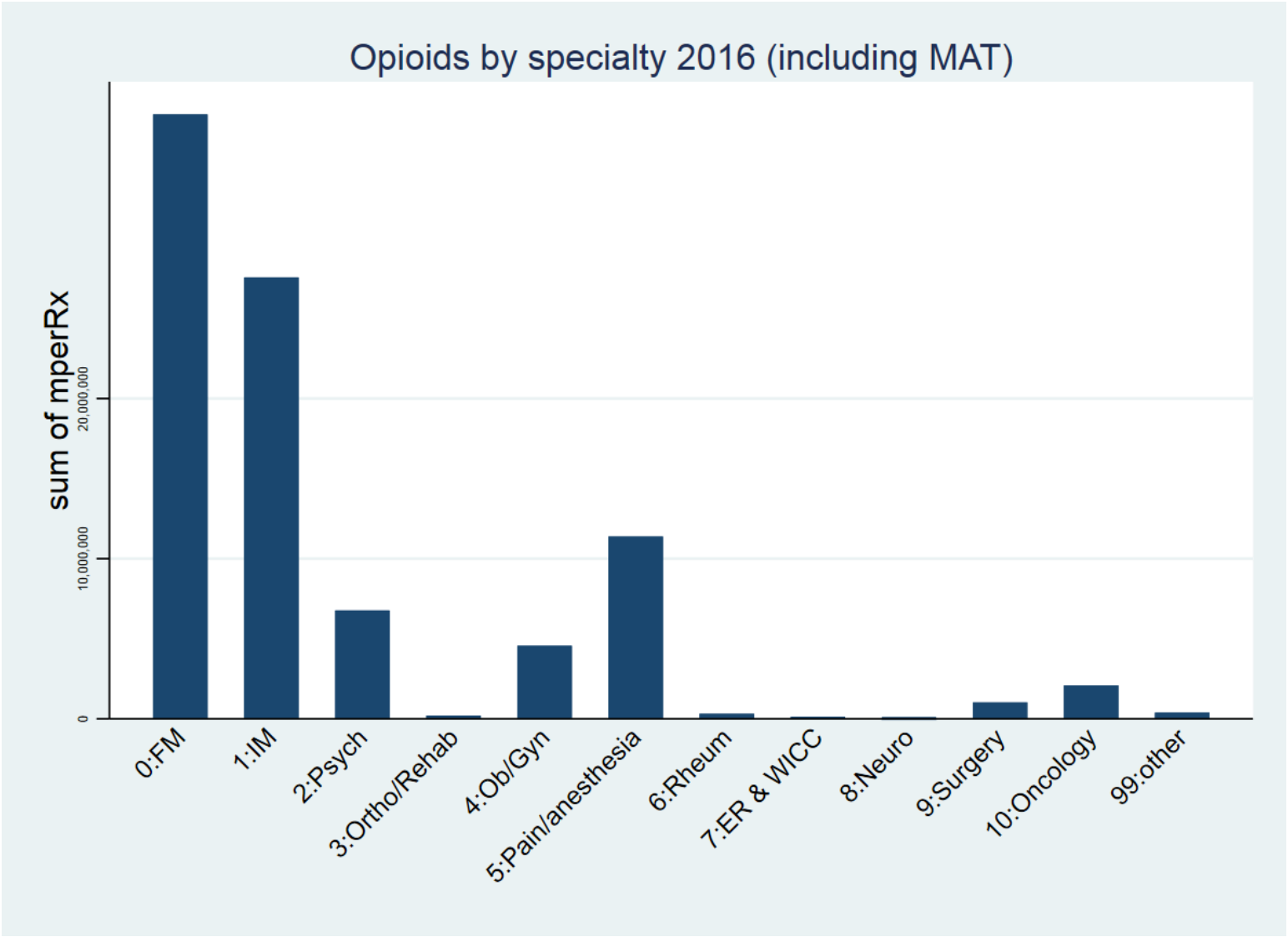
Outpatient pain prescribing & Medication Assisted Therapy

Patient counts, institutional level (outpatient)





Who is prescribing in 2016?



Primary care observations

- Wide variability in prescribing within practices
  - Patient factors (age, co-morbidities, tolerance)
  - Prescriber factors (duration in practice, setting, schedule, style)

Toolkits and QI

Collaboration between CDC, VDH, UVM Office of Primary Care, participating health care organizations

Opioid QI Projects – 2012-2018

- Rationale
  - Public health problem
  - Standards of care are changing
  - Prescribers need more implementation, less education
- QI facilitator using LEAN management approach to improve prescribing in ten community practices
- Learning Collaboratives

Opioid Prescription Management Toolkits

Opioid Prescription Management Toolkit for Chronic Pain Sustainable Solutions for Vermont:
Practice Fast Track and Facilitators Toolkits

Connie van Eeghen, DrPH
Research Assistant Professor
UVM College of Medicine

Charles D. MacLean, MD
Associate Dean for Primary Care
University of Vermont College of Medicine
Office of Primary Care

Amanda G. Kennedy, PharmD, BCPS
Director
The Vermont Academic Detailing Program
University of Vermont College of Medicine
Office of Primary Care

What are these toolkits and why were they created?

These toolkits collect the best practice strategies for managing opioid prescriptions in primary care (and other) ambulatory settings. The strategies resulted from a two-year project (The Opioid Prescribing Quality Improvement Project, 2012-2014) to identify the most helpful methods used to create predictable and well-managed opioid prescribing patterns for physicians, nurse practitioners, and physician assistants and their patients.

What are some of the best practice strategies for managing opioid prescriptions?

New regulations about the prescribing of chronic opioids require the use of consent forms/treatment agreements and use of the prescription monitoring system. The standard of care supported by boards of medical practices across the country recommend, under certain circumstances, a variety of practice strategies to safely prescribe and monitor chronic opioid treatment. These strategies include assessing risk for misuse, use of pill counts and urine drug testing, best-practice documentation, and standardizing prescribing intervals to minimize communication issues among patient, office staff and prescriber, and others.

What are some of the results from the opioid prescribing two-year project?

All ten practices enrolled in the project reported positive results from the best practice strategies they chose to implement from the toolkit. The strategies helped prescribers standardize their approach and increase confidence in managing opioid prescriptions, helped practices change their support systems, and increased provider and staff satisfaction regarding the way opioid prescriptions are managed.

Who should read these toolkits and how are they different?

Fast Track Toolkit: This toolkit is intended for ambulatory care practices whose leaders, providers, and staff want to improve the process of managing opioid prescriptions for their chronic pain, non-palliative care patients. It is for practices with a team ready to make a quick start on a few of the 17 strategies and provides practical advice on getting started, how to adjust practice workflow, and how to implement changes. The toolkit includes an extensive appendix with policies, sample tools, and references.

Facilitator Toolkit: This toolkit is intended for practices that have not yet made a decision to work on opioid prescription management and need to develop a rationale, leadership support, and team to work on this topic. It provides three stages of development: preparation, design (of workflow), and implementation. It provides detailed guidance on measurement, team facilitation, work flow analysis, and follow up. It is best used by facilitators, staff, or leaders interested in supporting a transformative change in opioid prescription management. It includes the same appendix as the Fast Track Toolkit, with additional materials to support facilitation.

Improving Opioid Prescribing Toolkit - Practice Fast Track (PDF)

Improving Opioid Prescribing Toolkit - Facilitator Manual (PDF)

Summary

- Collaboration is productive & ongoing
  - VDH, academia, insurers, health care organizations, other state government

Resources

- CDC guidelines
  - http://www.cdc.gov/drugoverdose/prescribing/guideline.html
  - See also the phone app with includes an opioid calculator
- Safe and Effective Opioid Prescribing for Chronic Pain
  - www.opioidprescribing.com
  - www.PainEDU.org
- Prescriber's Clinical Support System for Opioid Therapies
  - www.pcss-o.org/
- Vermont Prescription Monitoring System
  - http://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports
- Brandeis PDMP Center of Excellence
  - http://pdmpexcellence.org
- UVM Office of Primary Care
  - http://www.med.uvm.edu/ahec/home