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

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

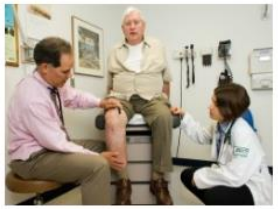
The Robert Larner, M.D. College of Medicine at the University of Vermont AHEC Program is a statewide network of community and academic partners working together through three regional AHECs and a Program Office at UVM to improve the health of Vermonters.

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)

OPIOID PRESCRIBING IN VT

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

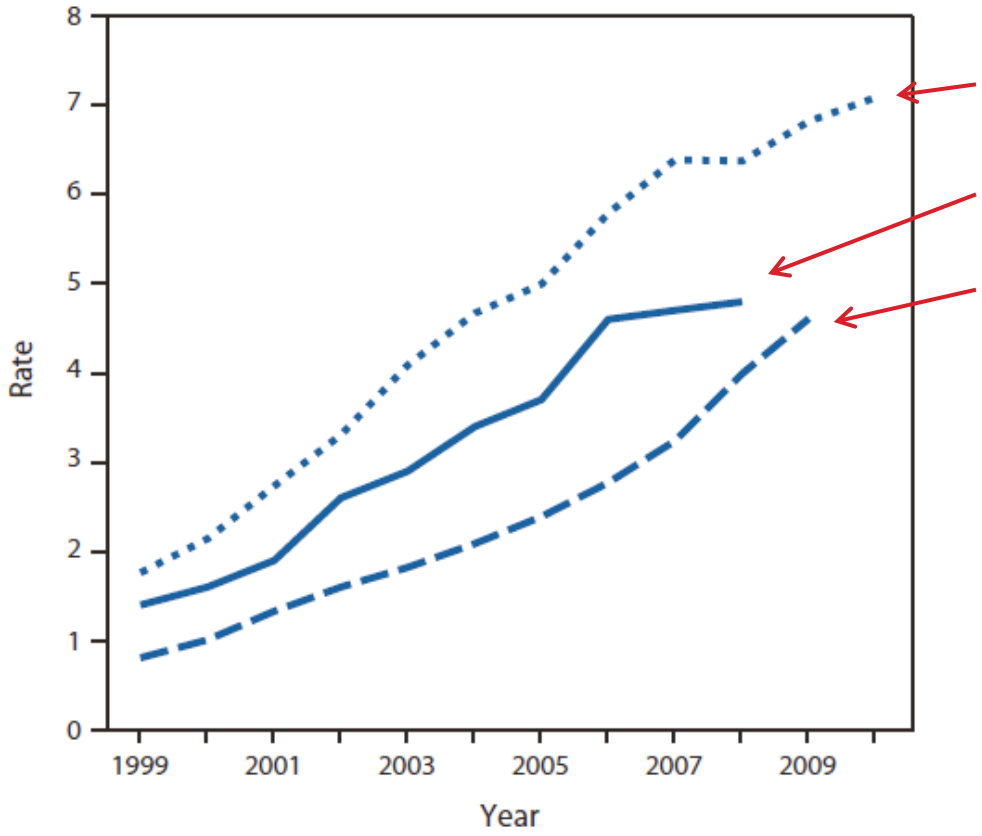
Senate Health and Welfare - February 2018

Outline

- What do we know about opioid prescribing for pain in VT in 2018?
- Trends in prescribing
- Prescriber survey re July 1, 2017 rules

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

VERMONT PRESCRIPTION MONITORING SYSTEM

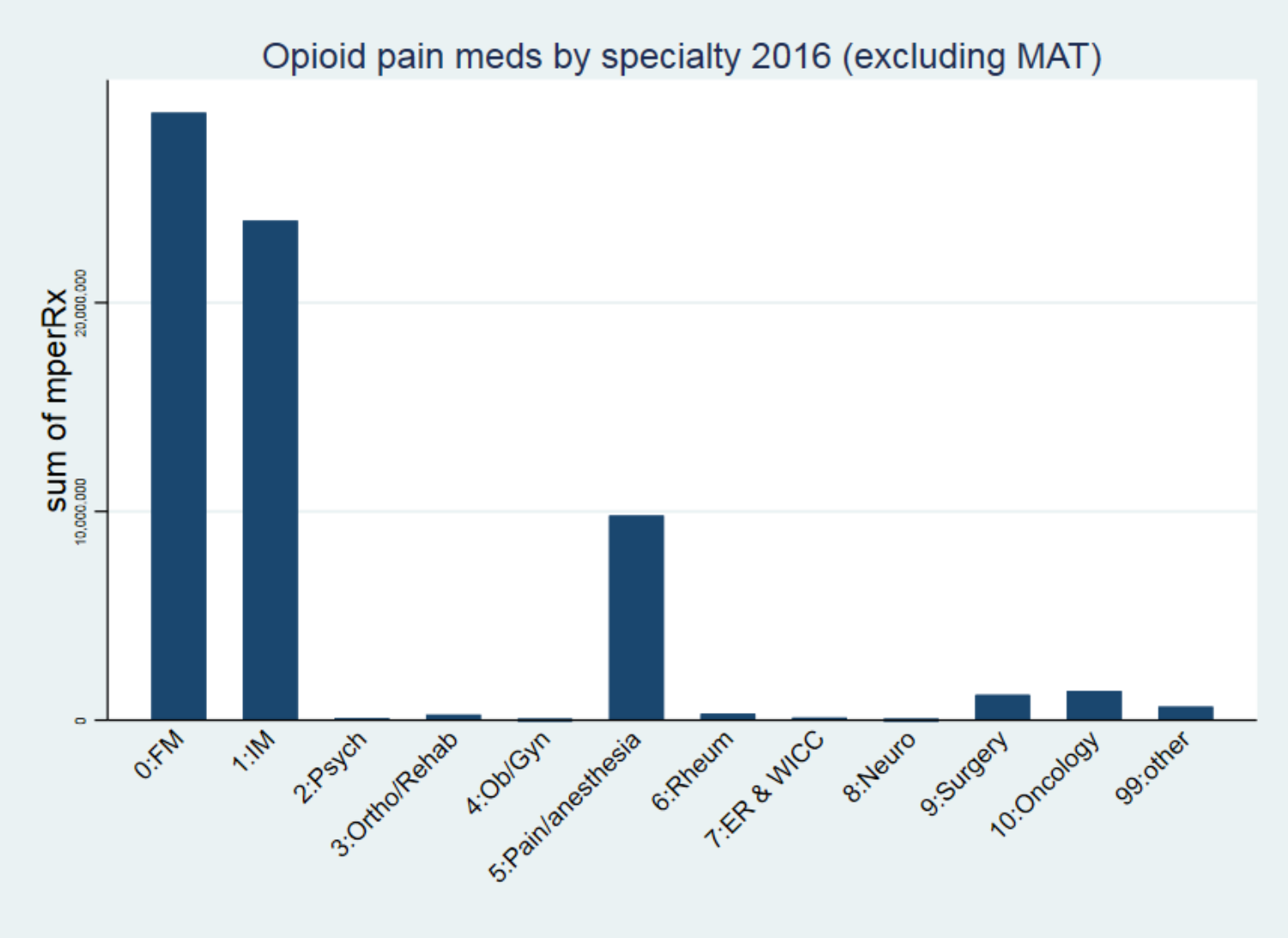
QUARTERLY REPORT
4TH QUARTER 2017

VERMONT
DEPARTMENT OF HEALTH

February 2018

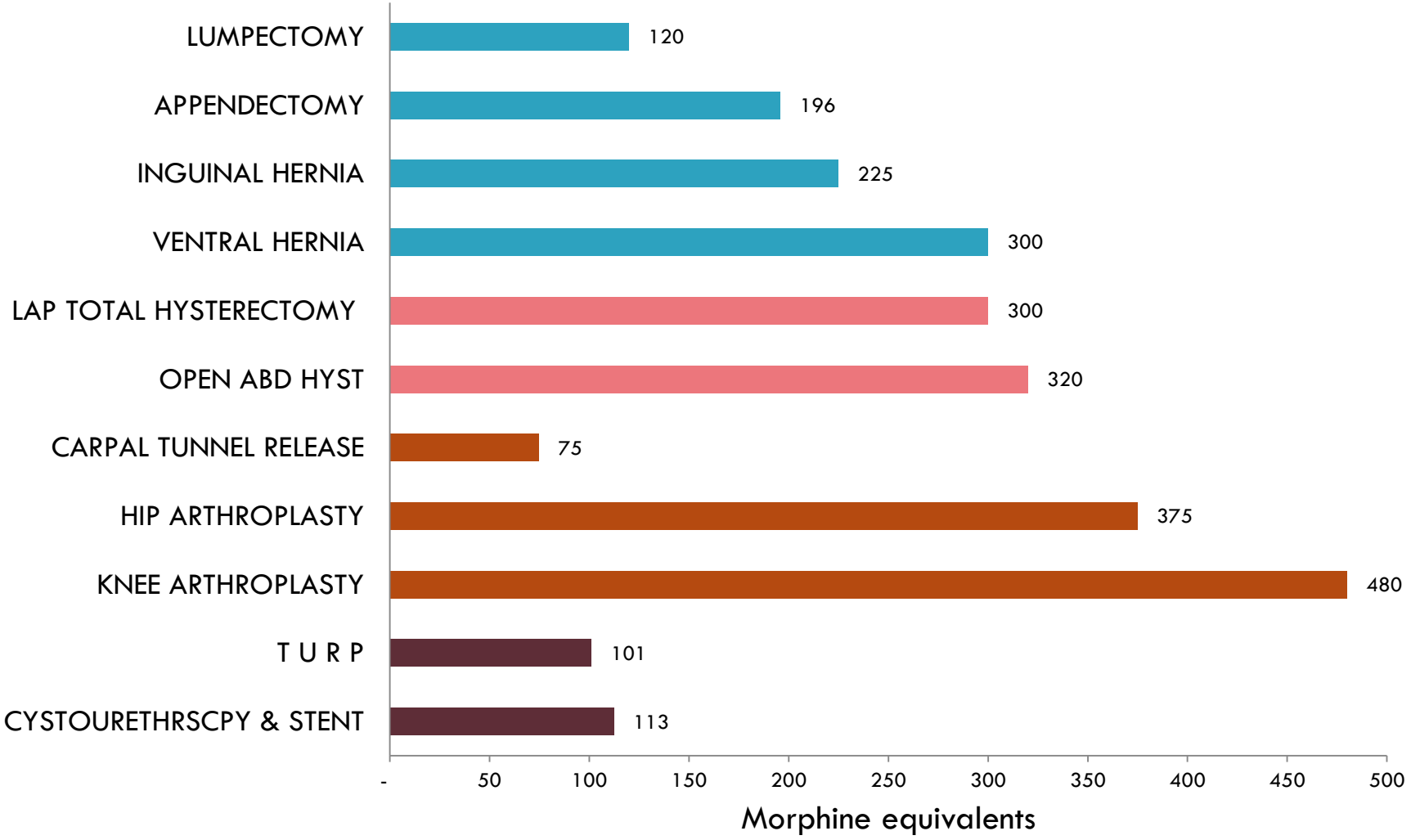
Who is prescribing opioids?

Who is prescribing in 2016?



Post-op prescribing

MME for common surgeries



Patient use

- General surgery, ortho, gyn, urology
  - 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

Dental prescribing

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

(VPMS data)

Post operative study in oral surgery

- Patients
  - 3rd molar extractions (N= 66)
  - ~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)

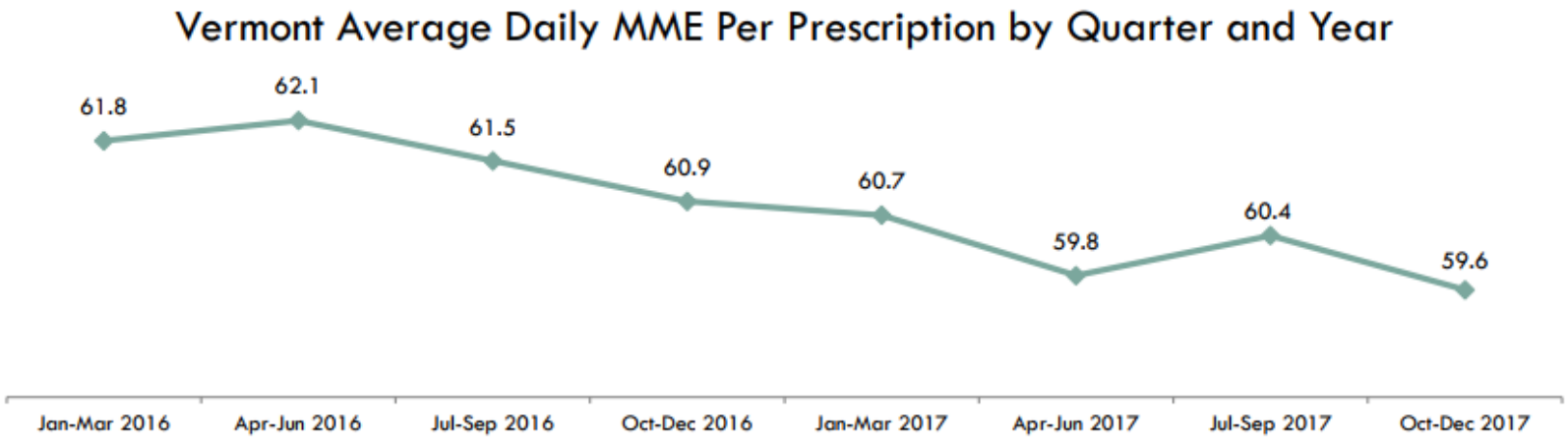
Annual opioid prescribing by discipline

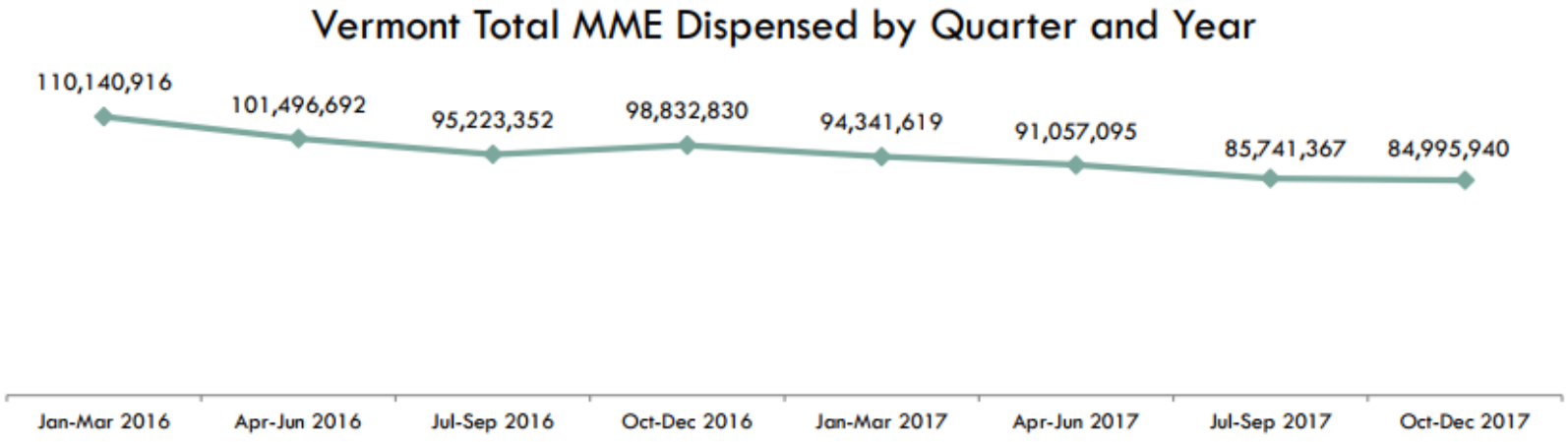
Prescribing metric	General Dental	Oral surgery
Number of Rx, median	21	490
Annual MME, median	1863	75,186
Estimated workforce in Vermont	~300	~16
Societal annual MME, estimated	500 K	1.2 M

Source VPMS 2014

Trends in prescribing

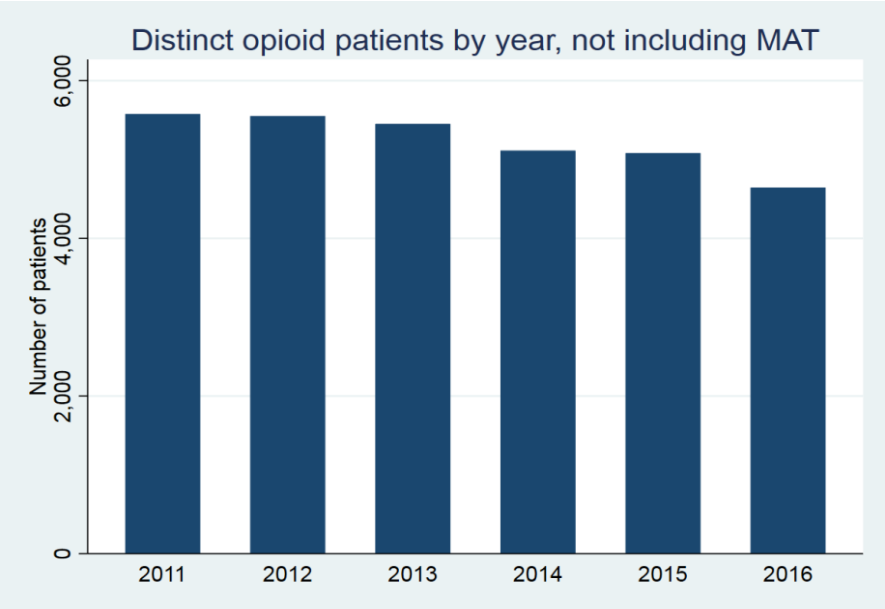
Statewide VPMS Quarterly Trends

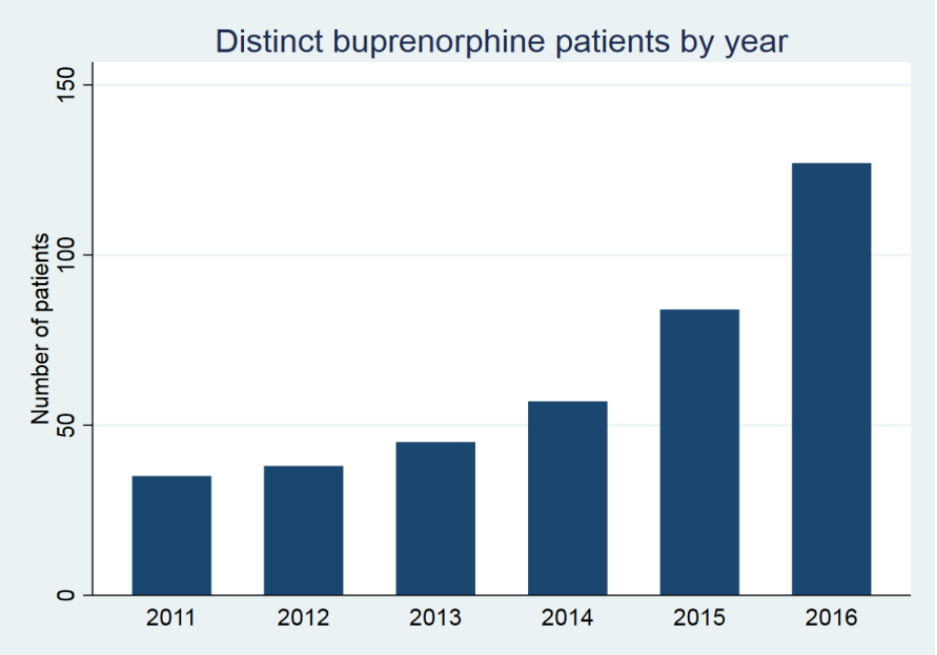




Data Source: VPMS 2017 Quarter 4

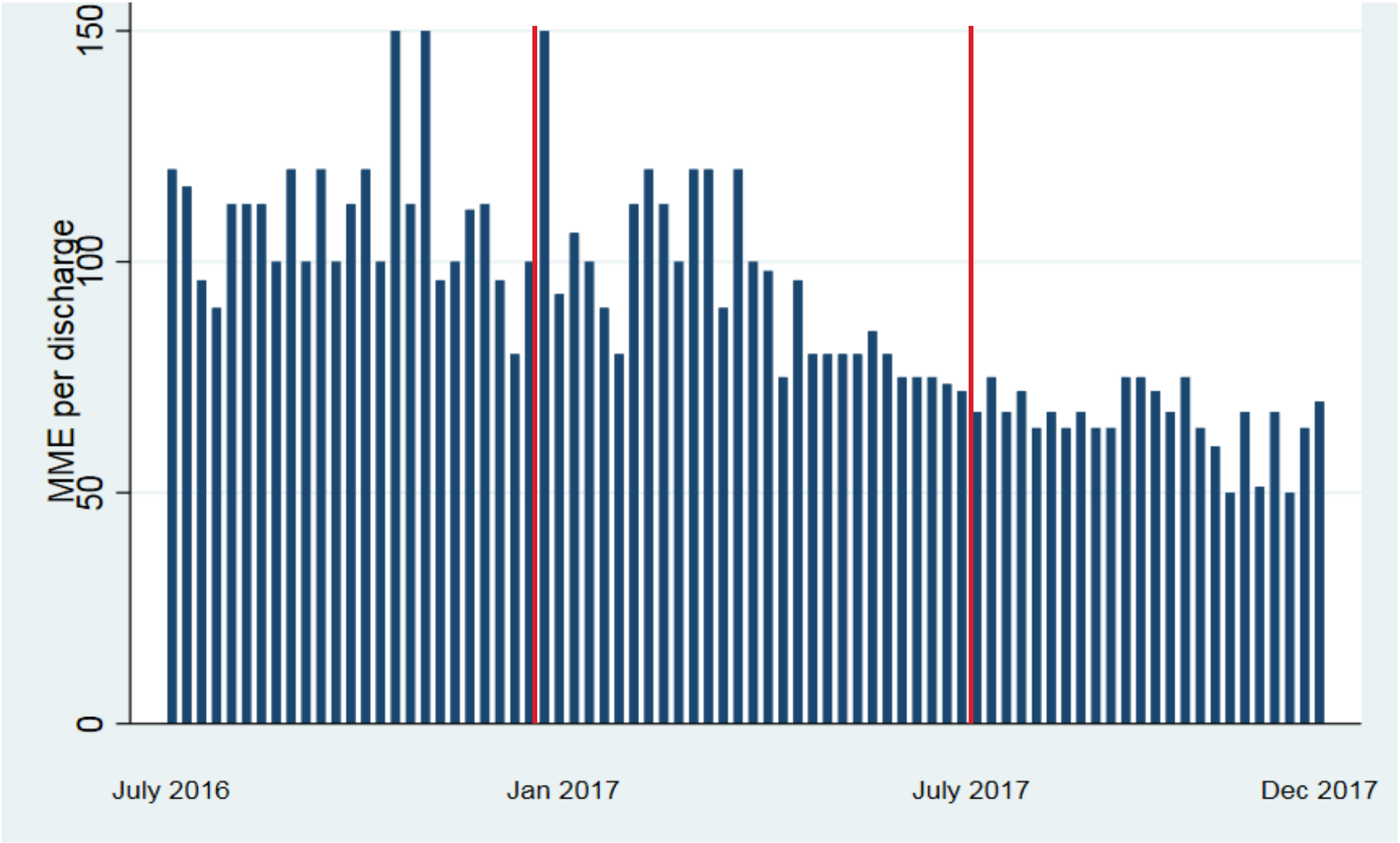
Patient counts, institutional level (outpatient)





UVM Medical Center, 2017

Post-operative prescribing trends



UVM Medical Center, 2018

Primary care observations

- Wide variability in prescribing within practices
  - Patient factors (age, co-morbidities, tolerance)
  - Prescriber factors (duration in practice, setting, schedule, style)
- Patients are concerned about
  - Stigma
  - Mixed messages re risk/benefit

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

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Research Assistant Professor
UVM College of Medicine

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

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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?

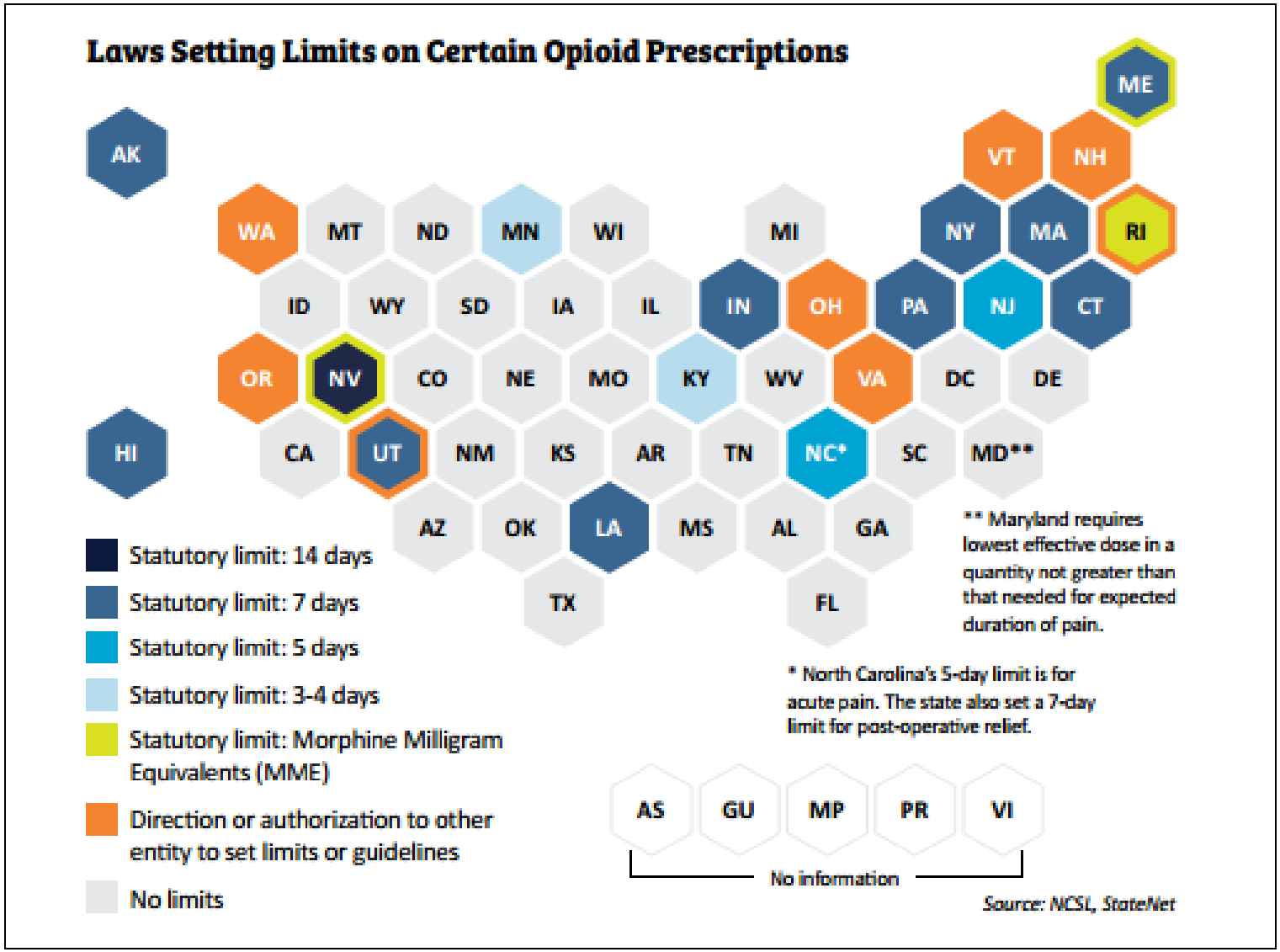
Fast Track Toolkit: This toolkit is intended for ambulatory care practices whose leaders, providers, and staff want to improve the process of managing opioid prescriptions for their chronic pain, non-palliative care patients. It is for practices with a team ready to make a quick start on a few of the 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)

Prescribing rules

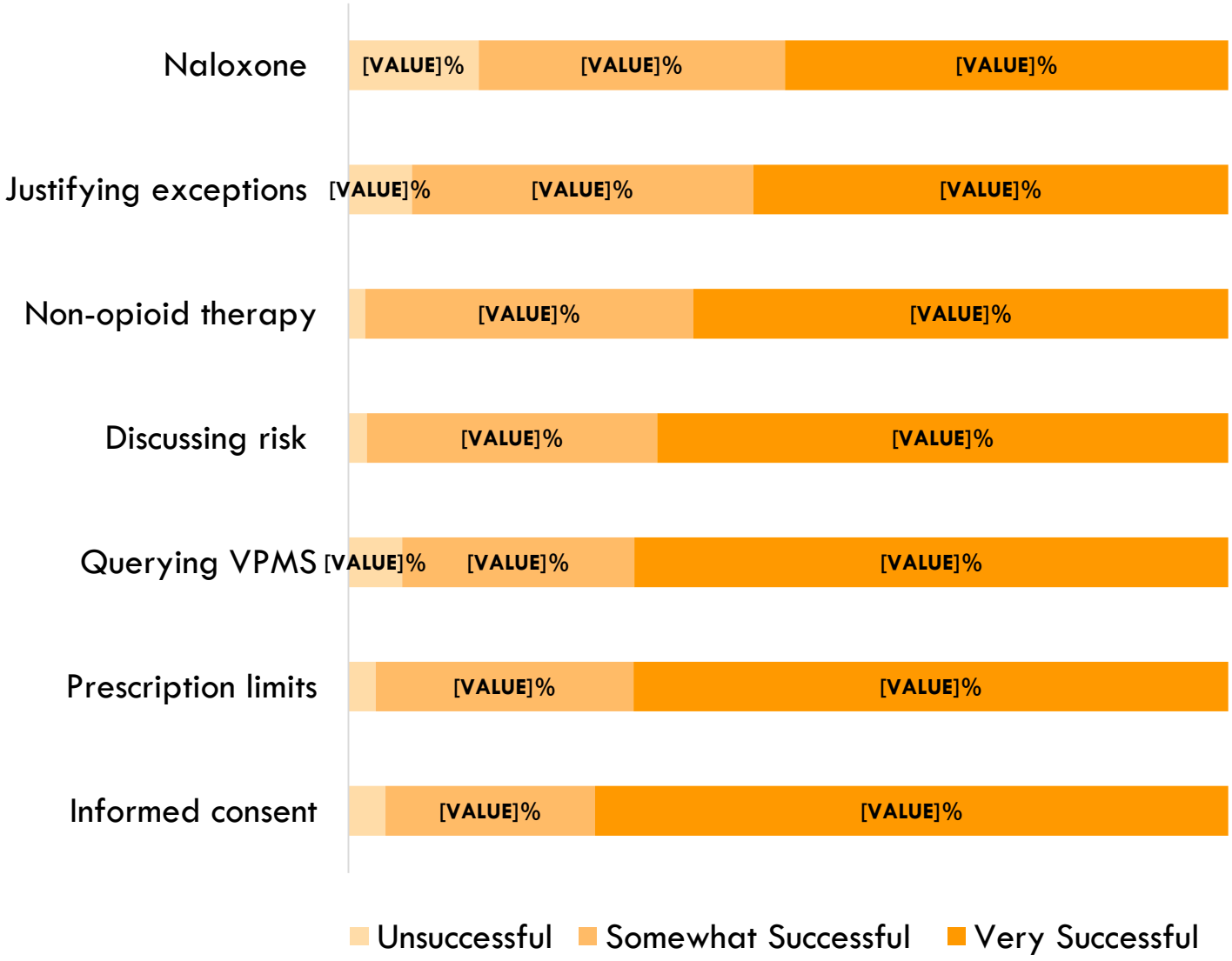


-National Conference of State Legislatures, August 2017

Prescriber survey

- UVM College of Medicine student project
  - Fall 2017
  - N=400
- *Rules were necessary – 75%*
- *Rules will be beneficial – 74%*
- *In favor of rules as implemented – 48%*

Prescriber challenges



Positive effects of new rules

Changed Prescribing Habits

- *"I have actively worked to decrease the amount of narcotics prescribed to patients in routine post-op care and…counsel patients instead on non-narcotic pain regimens."*

Shared responsibility

- *"…can use the new rules to convince some patients they need to use less opioids. You can show them the limits set in the new rules."*

Patient Education

- *"Some patients seem honestly surprised by the adverse effects of opioids, and seem to want to curtail use spontaneously."*

Negative effects of new rules

Increased Time and Work

- *"Appointments in general are taking longer and patients are more frustrated…not able to do a chronic care visit at the same time due to time constraints."*

Compromised Patient Care

- *"Patients in chronic pain are unable to obtain needed prescription medication at pharmacies, precipitating unnecessary withdrawal."*

Tramadol and Naloxone

- *"A lot of work for meds like tramadol. I may think twice about prescribing for mild pain due to the paperwork."*

Suggestions

- Insurance
  - Improve coverage of effective complementary and alternative therapies
- Education
  - Prescribers
    - Increase education and technical assistance for implementation of rules/systems
  - Public
    - Educate the public on pain management expectations, non-pharmacological treatment options, and safety of appropriate opioid treatment
- Rule changes to consider
  - Naloxone co-prescription requirements
  - Tramadol is different than DEA II meds; should same rules apply?
  - Re-visit interval; is it too restrictive?