

Texas Hospitals' Commitment to Addressing the Opioid Crisis

As anchors in Texas communities and public health advocates, **Texas hospitals have taken a proactive leadership role in responding to the opioid crisis** gripping not just the state but the nation. With more than 42,000 opioid-related deaths in the U.S. in 2016, drug overdoses are the leading cause of death for Americans younger than 50. **Almost 3,000 Texans died from drug overdoses in 2016, with opioids to blame for most of those deaths.**



THA
Texas Hospital Association

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With a cost to the state of \$20 billion annually and 60 percent of Texans receiving an opioid prescription, solving the problem of opioid misuse and abuse clearly requires the engagement of physicians, insurers, drug manufacturers, schools, employers, law enforcement, social services and other stakeholders. Yet, Texas hospitals have taken a leadership role in confronting the problem by investing in numerous initiatives that address the problem's multiple facets and causes because while Texas hospitals are just one piece of the complex health care equation, they understand the responsibility to educate the public and work with prescribers about the dangers of misusing opioids and how misuse can be avoided.

This document summarizes the multi-faceted work of the Texas hospital industry, through the Texas Hospital Association, the largest hospital association in the state representing more than 430 hospitals and health systems, to better equip hospitals to manage opioid use, with the ultimate goal of minimizing inappropriate use of opioids and reducing the number of opioid-related deaths in Texas.

Voluntary Hospital Emergency Department Opioid Prescribing Guidelines



Although only a fraction of opioid prescriptions nationally are written for patients receiving care from hospital emergency departments, they account for approximately 45 percent of opioids diverted for non-medical use, according to the American

Academy of Emergency Medicine.

In 2017, after extensive research and consultation with clinical experts, the Texas Hospital Association developed voluntary guidelines for use in Texas hospitals' emergency departments to advise ED prescribers of ways to minimize inappropriate use of opioids. THA recommends that all Texas hospitals adopt these guidelines. More than 20 other state hospital associations across the country also have developed similar opioid prescribing guidelines.

THA voluntary opioid prescribing guidelines for hospital emergency departments:

1. Consider developing a process for identifying patients both at risk for developing a substance use disorder and for those with a substance use disorder.
 - Emergency departments are encouraged to develop a protocol for treating pregnant and post-partum women at risk for developing a substance use disorder or who have an active substance use disorder.
2. Prescriptions for controlled substances that are lost, destroyed or stolen, or doses of methadone for patients in methadone treatment programs should be prescribed only by the initial prescriber, primary care provider or pain specialist.
3. Consider adopting a multi-modal non-opioid medication model for acute pain management treatment.

4. If opioids are used in the emergency department, use of short-acting opioids only is advised.
5. When opioid medications are prescribed:
 - Any prescriptions for opioids should be written for the shortest duration possible, usually no more than three to five days, unless the diagnosing physician feels more are needed based on the patient's diagnosis.
 - A system should be in place to contact the patient's primary opioid prescriber or primary care provider, to notify them of the visit and the medication prescribed.
6. Emergency department providers, or their designees, are strongly encouraged to consult the state's Prescription Monitoring Program (PMP AWARxE) before writing opioid prescriptions. (note: beginning in September 2019, consulting the PMP will be required of hospital emergency department prescribers).

opioids if medically appropriate. Because Collective's technology is embedded in an ER's workflow, it automatically pushes alerts without being queried. Facilities that lack the capacity to integrate the alerts into their electronic systems can receive the alerts via FAX.

The data culled include data from the state's Prescription Monitoring Program, an important piece as beginning Sept. 1, 2019, state law requires a pharmacist or prescriber authorized to access the PMP to consult the PMP before prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol. The PMP tells prescribers and dispensers the number of controlled substances the individual is prescribed, the time frame they were prescribed and the number of prescribers and pharmacies the individual uses.

More information on Collective Medical can be found at www.healthshare-tha.com/CollectiveMedical.

More information on the voluntary guidelines can be found at www.tha.org/opioids.

Identifying Potentially Inappropriate Opioid Seeking Behavior



In early 2018, the Texas Hospital Association endorsed Collective Medical Technologies, a Utah-based company providing hospital emergency department clinicians with real-time patient information, including history of opioid prescriptions and emergency department visits. With this endorsement, THA supports hospitals' ability to identify patients who may be inappropriately seeking opioids from hospital emergency departments by removing the barrier to real-time information that impedes timely and appropriate intervention. With Collective Medical Technologies, THA can recommend a partner to help Texas hospitals meet their responsibilities to their communities as trusted health care institutions and partners in the fight against opioid misuse and abuse.

Collective culls emergency room encounter data from around the country and automatically pushes it to ER clinicians as part of existing workflows. When a patient registers at an ER, the Collective tool searches its nationwide database for a match and curates any data it finds according to the notification criteria that each hospital sets for itself, such as opioid-related alerts. For example, a clinician could see that a patient had obtained three opioid prescriptions from different hospitals in the last year. The intent is to equip providers with the information they need to foster a conversation about inappropriate opioid use with patients and help meet a patient's pain needs without

Using Technology to Help Hospitals Reduce Opioid Prescribing



For patients in a hospital inpatient setting, inappropriate opioid seeking behavior is not typically the challenge. However, appropriately managing post-surgical or chronic pain while guarding against opioid addiction is important.

In partnership with IllumiCare, THA developed the Smart Ribbon to give physicians real-time, patient-specific cost and risk data on individual patients with the goal of helping physicians make financially informed decisions and reducing overutilization of medications, labs and radiology tests. THA's commitment to curbing opioid misuse and abuse spurred the need to enhance the platform's functionality to include patient-specific risks related to opioid overuse and abuse. Through the Smart Ribbon, physicians can access patient-specific data on inpatient and outpatient controlled substance exposures along with a milligram morphine equivalent calculator as well as benchmark opioid prescribing rates among a specific facility's prescribers. Patients who reach certain thresholds for opioid prescriptions are flagged. With Smart Ribbon, Texas hospitals are empowered to have more informed conversations with patients on opioid use and alternative pain management approaches. They also can analyze and establish trends related to prescribing habits and the prescribing history of their patient population to determine whether they need to amend or establish new policies and procedures to better meet opioid prescribing and treatment goals.

More information on THA SmartRibbon is available from www.tha.org/smartribbon.

Coaching on the Front Lines of Care to Curb Opioid Misuse



Zero harm and the best quality care have always been the hallmarks of Texas hospitals' work. THA currently partners with approximately 130 Texas hospitals on two state and federally sponsored clinical initiatives that promote and teach best practices to reduce opioid misuse in Texas hospitals and improve health outcomes for patients who misuse opioids.

The first initiative is Texas AIM, a collaboration of the Texas Department of State Health Services and the Texas Hospital Association to reduce preventable maternal mortality and morbidity. A study of postpartum maternal deaths in Texas found that drug overdose was the leading cause of death in postpartum Texas women from 2012-2015. In addition, opioids were involved in 58 percent of those drug-related deaths.

One component of TexasAIM is a 10-hospital pilot program to improve obstetric care for women with an opioid use disorder. The TexasAIM initiative on improving obstetric care for women with opioid use disorder seeks to:

- Improve identification and care of women with opioid use disorder through screening and access to care.
- Optimize care for pregnant women with opioid use disorder.
- Increase access to medication-assisted treatment for pregnant and postpartum women with opioid use disorder.
- Prevent opioid use disorder by reducing opioid prescriptions for deliveries.
- Improve care for opioid-exposed newborns by improving maternal engagement in infant management.

A statewide opioid-focused initiative for inpatient and outpatient facilities will launch in 2020.

The second clinical improvement initiative focused on opioids is the Hospital Improvement Innovation Network initiative, a federally sponsored quality improvement program to reduce "all-cause harm"—any unintended injury resulting from medical care that requires additional monitoring or treatment for hospitalization—and avoidable readmissions in short-stay hospitals.

Through the HIIN, THA partners with 130 hospitals on working with patients, clinicians and communities to curb the opioid epidemic. This work focuses on hospital best practices, such as clinician prescribing education, non-opioid pain management, addressing the stigma of addiction, treatment modalities for opioid use disorder as well as targeted education for patients, family members and caregivers.

The next phase of the HIIN project will focus on preventing opioid misuse, improving prescribing practices and shifting to pain management strategies that do not involve use of opioids, such as multi-modal pain therapies.

More information on TexasAIM is available from www.tha.org/AIM and on the Hospital Improvement Innovation Network from www.tha.org/hiin.

Taking Action to Help Hospitals Manage the Opioid Epidemic



Over time, federal and state governments have mandated that Texas hospitals participate in a variety of quality initiatives designed to improve health outcomes for certain acute and chronic conditions. Texas hospitals, however, are voluntarily taking steps to stem addiction to opioids and other substances and provide better care to affected patients. Creating opportunities for Texas hospitals to better understand the scope of the crisis and implement strategies to curb opioid misuse and abuse is at the core of the Texas Hospital Association's work.

In addition to spearheading strategic initiatives that target contributing factors of the opioid epidemic, Texas hospitals have supported federal legislation to expand access to addiction treatment and other interventions to mitigate the opioid misuse. Texas hospitals also have dedicated time and resources to educate lawmakers both in Washington D.C. and Austin on this issue.

Through each of these activities and their ongoing initiatives, Texas hospitals are positioned as leaders in the fight against opioid addiction and dedicated advocates for Texans affected by addiction.