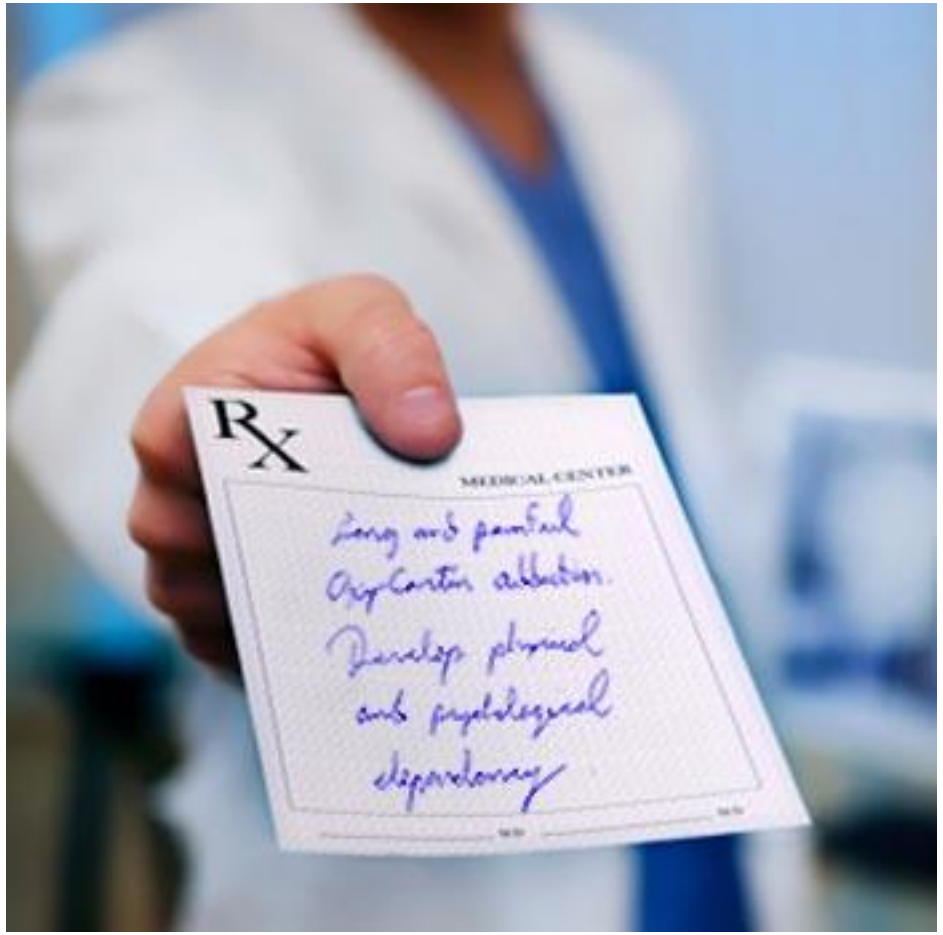
THA Opioid Prescribing Guidelines



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Opioid Prescribing Guidelines Overview

- Background
- Other State Guidelines
- Legislative Update
- Overview of Guidelines
- Next steps

Background/THA Process

- THA Behavioral Health Council identifies substance use disorders as a policy priority (Summer 2016).
- THA staff researches hospital initiatives to combat the opioid epidemic, finds other hospital associations have created prescribing guidelines.
- THA gauges member interest in Oct. 2016 survey, with 69 members expressing interest in participating.
- THA shares **voluntary,** draft guidelines with the Behavioral Health Council, the Hospital Physician Executives Committee, and the THA Quality Committee for feedback and input (Winter 2016).

THA Member Survey

THA's survey on prescribing guidelines asked:

- Does your facility currently have recommended guidelines regarding the prescribing of opioid medications in the emergency department? Response: Yes- 17, No -52

- Would you facility be interested in THA leading an effort to develop and promote voluntary best practices/guidelines for the Texas hospital industry for prescribing opioid medications in the emergency department? Response: Yes-61, No-6

- I would like to serve on a workgroup of THA members to guide the development of opioid prescribing guidelines for hospital emergency departments. Response: Yes- 31 (including those who recommended a colleague to serve in their place), No-36

Guideline Development

- THA found that the following hospital associations developed ED guidelines:

Connecticut	Indiana	North Carolina
Massachusetts	West Virginia	Ohio
Rhode Island	Washington State	Colorado
Virginia	Southern California	Nevada
Missouri	Oklahoma	Maryland
Washington, D.C.	Oregon	New Mexico

Why Start with Emergency Departments?

- The increased morbidity and mortality related to prescription opioid drug usage have led to an exponential increase in ED visits.
- The total number of drug-related ED visits increased 81 percent from 2004 (2.5 million) to 2009 (4.6 million).
- Despite emergency departments prescribing a fraction of those prescriptions written nationally, ED prescriptions for opioids are reported to account for approximately 45 percent of those opioids diverted for non-medical use.
- Pain is one of the most common chief complaints among patients in emergency settings, so hospital EDs have a significant responsibility to treat and curtail the propagation of this national epidemic.

Emergency Department Prescribing Guidelines

- Other state hospital associations' guidelines generally recommended:
  - Developing a substance use screening process.
  - Limiting replacement prescriptions for lost, stolen, or destroyed prescriptions.
  - Generally discouraging prescribing opioids. If opioids are prescribed, limit the prescription to 3-5 days.
  - Taking extra precaution with chronic pain patients and consult the primary pain management doctor whenever possible.
  - Encouraging the use of the Prescription Monitoring Program before prescribing opioids (this will be required by law in 2019).

Legislative Update

Texas Hospital Association

State Legislation Related to Opioids

- HB 2561 – Pharmacy Sunset bill

  Opioid Related Provisions:

  - Requires the agency to work with other agencies to identify potentially harmful prescribing practices and patient prescription patterns that suggest drug diversion or drug abuse.
  - Requires dispensing pharmacists to send all prescription information to the Prescription Monitoring Program (PMP) by the following business day.
  - Beginning in 2019, all prescribers and dispensers shall consult the PMP prior to dispensing or prescribing opioids, benzodiazepines, barbiturates or carisoprodol. *There is an exception for cancer patients
  - Each regulatory agency that licenses, certifies or registers prescribers must implement guidelines for responsible prescribing of opioids, and access information submitted to TSBP to determine whether the prescriber is engaging in potentially harmful prescribing practices.
  - Creates a joint interim committee to conduct an interim study on the prescribing and dispensing of controlled substances in this state.

State Legislation Related to Opioids

- SB 315 – Texas Medical Board Sunset Bill

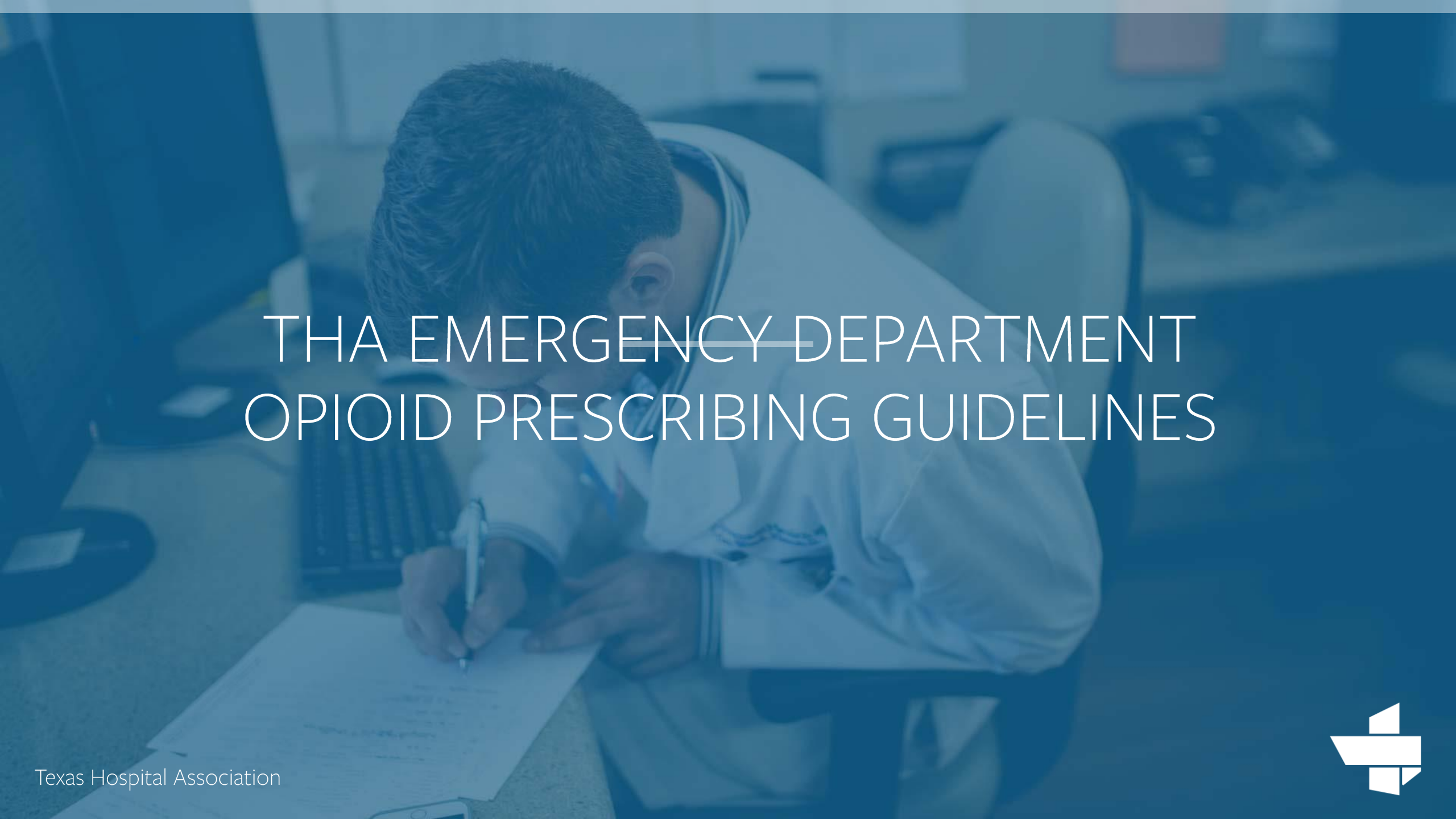
  Opioid Related Provisions:

  - Permits TMB to inspect uncertified pain management clinics or facilities. TMB must establish grounds for inspection, including grounds based on the population of patients served, the volume or combination of drugs prescribed and other criteria that TMB deems sufficient.

  - TMB must adopt guidelines for the prescription of opioid antagonists. (Note: This provision is also included in SB 584.) The guidelines must address:
    - Prescribing an opioid antagonist to a patient to whom an opioid medication also is prescribed.
    - Identifying patients at risk of an opioid-related drug overdose and prescribing an opioid antagonist to that patient or to a person in a position to administer the opioid antagonist to that patient.

Federal Action

- President Trump declared the opioid crisis a public health emergency and directed the executive branch of government to use every appropriate emergency authority to fight the crisis.
  - While no funding was allocated, the declaration allows the quick hiring of personnel at the U.S. Department of Health and Human Services, flexible use of grant money to combat the epidemic and expanded access to telemedicine services, such as remote prescribing of medicine.
- CMS approves new policy allowing states greater flexibility through the 1115 demonstration waiver to increase access to treatment for opioid use and other substance use disorders.
- The President's Commission on Combating Drug Addiction and the Opioid Crisis released its final report with 50+ programmatic and policy recommendations to support opioid addiction prevention, treatment, research and recovery. It suggested:
  - Providing states with block grant funding for opioid and substance use disorder-related initiatives.
  - Providing funding for research for the national institutes that study drug abuse, mental health, and alcohol abuse and alcoholism.
  - Directing HHS to help develop a national curriculum and standard of care for opioid prescribers.
  - An expert committee establish updated guidelines for prescribing pain medications to supplement the CDC Guideline for Prescribing Opioids for Chronic Pain.



THA EMERGENCY DEPARTMENT OPIOID PRESCRIBING GUIDELINES

Texas Hospital Association

Current Draft Guidelines

- Develop a substance use screening process.
  - Emergency departments should develop a protocol for treating pregnant women who are at risk for developing a substance use disorder or have an active substance use disorder.
- No replacement prescriptions for controlled substances that are lost, destroyed, or stolen or doses of methadone for patients in methadone treatment programs unless specific criteria is met.
- Administration of intravenous or intramuscular opioids in the emergency department is generally discouraged.
- No prescriptions for long-acting or controlled-release opioids, such as OxyContin, fentanyl patches, and methadone, unless the physician feels there is no other alternative to treatment.

Current Draft Guidelines Continued

- When opioid medications are prescribed:
  - ED staff is required to provide patient counseling on proper usage, storage, and disposal of opioids.
  - Any prescriptions for opioids written by emergency department staff should be written for the shortest duration possible. Generally, no more than three days.
  - For patients with acute exacerbations of chronic pain:
    - Consider referring the patient to their primary opioid prescriber if they present in the ED during regular office hours.
    - If any opioids are prescribed, there should only be enough doses to last until the office of the patient's primary opioid prescriber opens (usually no more than 3-5 days).
    - The ED medical provider should contact the patient's primary opioid prescriber or primary care provider to notify of the visit and the medication prescribed.
    - If the patient does not have a primary care provider, the ED should provide a list of community primary care providers for all payer types.

Current Draft Guidelines Continued

- Emergency department providers should use extra caution when considering prescribing controlled substances to patients who do not have proper photo identification.

- Emergency department providers, or their designees, are encouraged to consult the Prescription Monitoring Program (PMP) before writing opioid prescriptions for acutely painful conditions.

- Emergency departments should work toward developing health information exchange systems to share Emergency Department visit history with other EDs in order to better track patients who may be seeking opioids from EDs.

Potential Addition to the Guidelines

Opioid Antagonist language:

- Emergency department providers should develop a protocol for prescribing an opioid antagonist to a patient to whom an opioid medication is also prescribed.

- Providers should also develop a process for identifying patients at risk of an opioid-related drug overdose and prescribing an opioid antagonist to that patient or to a person in a position to administer the opioid antagonist to that patient.

What's Next?

- Goal for today's meeting: **Finalize recommendations**.
- Once finalized, THA staff will seek board approval at the February THA board meeting.
- If approved, THA will roll out the recommendations to member hospitals in the spring of 2018.
- Work with state agencies to implement relevant legislation and coordinate efforts regarding prescribing guidelines.

Questions?

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