TPMG Opioid Safety Initiative

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Clinical Lead, TPMG opioid initiative
Who We Are

- **Kaiser Permanente Northern California**
  - Over 4 million members
  - 35,000 nurses and staff
  - 21 medical centers
  - >200 medical offices and other outpatient facilities

- **The Permanente Medical Group (TPMG)**
  - 9,000 physicians—largest medical group in the nation
  - ~70 specialties and sub-specialties
The Permanente Medical Group
Opioid Initiative Goal

Ensure that we provide safe, appropriate care to our patients across the region and that we give physicians the tools and support needed for consistent opioid prescribing, monitoring and documentation.
Changing practices to improve safety

- **Recommendations (Reccs)**
  - Available evidence
  - Best practices
  - Expert opinion
  - Regulations

- **Workflows**
  - Multidisciplinary team
  - Clinical experts
  - MD education experts
  - Patient edu experts
  - Technology experts

- **Education**
  - Curriculum
  - In person training
  - Online modules
  - Refresher courses

- **Analytics**
  - Actionable reports reflect implementation of recommendation
  - Key medical & pharmacy leaders receive reports

- **Communication (Comms)**
  - Local opioid meetings
  - Academic detailing based on analytics:
    - Service line chiefs
    - Pain pharmacists
    - Regional leaders
# Key recommendations

<table>
<thead>
<tr>
<th>Internal and Family Medicine</th>
<th>Emergency Department</th>
<th>Orthopedic Surgery</th>
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<tbody>
<tr>
<td><strong>New Pain Complaint:</strong></td>
<td><strong>Recommendations:</strong></td>
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<tr>
<td>• Max 5-7 day supply of opioids for new pain complaints</td>
<td>• List of conditions for which opioids are not recommended</td>
<td>• Pursue pre-op tapering opportunities</td>
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<td><strong>Chronic Pain:</strong></td>
<td>• No replacement of lost/stolen prescriptions</td>
<td>• No post-op ER/LA opioids</td>
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<td>• Thorough intake eval</td>
<td>• Max 20 pills for acute pain (+PCP referral)</td>
<td>• Max two weeks Rx post-op</td>
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<td>• 30 day max Rx</td>
<td>• Max 10 pills/3 days for chronic pain (+PCP referral)</td>
<td>• Recommendations for specific Rx dosage based on procedure</td>
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<td>• Medication agreement</td>
<td>• IV/IM opioids discouraged</td>
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<tr>
<td>• Consistent monitoring, documentation, and evaluation</td>
<td><strong>Analytics:</strong></td>
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<td><strong>Analytics:</strong></td>
<td>• Monthly reports on all patients &gt;50MME</td>
<td>• Periodic reports on post-op prescription size by prescriber by procedure</td>
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<td>• Monthly dashboard showing Rx (pills) and IV/IM by prescriber by chief complaint</td>
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Successful Reductions Across NCAL

All Opioid Outpatient Prescription
Morphine Milligram Equivalent (MME)
Per Member Per Month
(NCAL TPMG MDs 1/2013 to 3/2017)

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Other measures of success

- **Internal and Family Medicine**
  - 79% (42%) of high dose opioid patients have medication agreement
  - Over 75% (52%) have had a urine drug screen in the past 12 months
  - Reduction in those on high dose opioids from 21.3/10,000 to 13.1/10,000 patients

- **Emergency Department**
  - Discharge opioid prescribing reduced by one third
  - Parenteral opioid in ED reduced by 15% (from 16.5%-14%)
  - >95% of workforce has undergone multi-hour online training
Successful Strategies

- Strong, visible leadership support
- Clarity and consistency of non-judgmental message across physicians & administration
- Interdisciplinary work group to oversee decisions
- Provide coaching, education and support
- Include patient-clinician communication strategies
- Use of physician specific data
- Identify individuals to help colleagues with tough cases
- Collaboration between the medical group and pharmacy
Thank you

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