

Surgeons Tackling the Opioid Problem in Illinois (STOP-Illinois)



The Problem

- **Over-Prescribing**
 - Surgeons are adding to the supply and fueling the nonmedical use of narcotics
- **Acute Surgical Pain**
 - Surgery hurts – but too many surgeons rely on narcotics as the only or the primary means for treating surgical pain
- **Chronic Pain from Surgery**
 - Chronic Post-Surgical Pain (CPSP) occurs in
 - Up to 7% of outpatient procedures²
 - Up to 23% of inpatient procedures³
- **Poor Science**
 - We have very little data on how surgeons are adding to the opioid epidemic, how various proposed interventions work or even who is at highest risk for adverse drug events

The Consequences

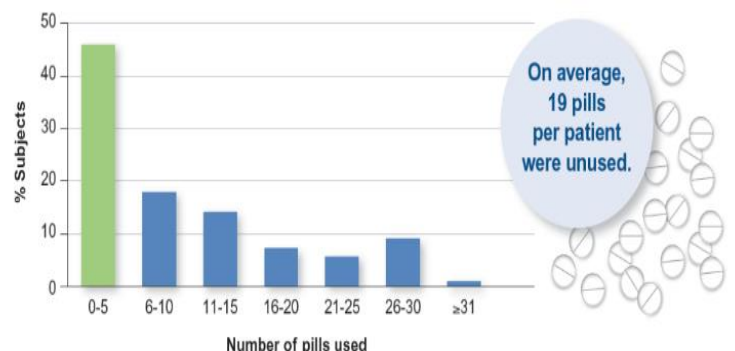
- Over prescription of narcotics is common and retained surplus medication presents a readily available source of opioid diversion⁴
- 1 in 20 people in the U.S. (ages 12 or older) reported using prescription painkillers for non-medical reasons in the past year⁵
- Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers⁵
- Nonmedical use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct health care costs⁵

The ISQIC Solution

- **Addressing Over-Prescribing**
 - Creating an Opioid Retrieval Program
 - Systematic changes to default order sets
 - Automating Prescription Monitoring Program Inquiries
 - Creating Best Practices for Prescribing Patterns
 - Physician, RN, Patient Education
- **Addressing Acute Surgical Pain**
 - Emphasize use of Non-Narcotic Pain Treatment Pathways
 - Development of Transition Pain Services
- **Addressing Chronic Pain from Surgery**
 - Improving Transition to PCP
 - Decreasing use of Narcotics with Non-Narcotic Adjuncts
- **Improving the Science**
 - Partnering with the Illinois Prescription Monitoring Program
 - Partnering with Private and Public Insurers
 - Partnering with Pharmacies
 - Data sharing among hospitals (inpatient pharmacy records)
 - Developing Physician and hospital-level Reports
 - Developing Procedure-specific Reports
 - Measuring Adverse Drug Events

Patients prescribed opioids after outpatient orthopedic surgery. Almost half of patients used less than 5 pills from the average of 30 dispensed.

Figure 1.



1. Figure 1: Rodgers, J., Cunningham, K., Fitzgerald, K., Finnerty, E. Opioid consumption following outpatient upper extremity surgery. *Journal of Hand Surgery* 2012; 185:2
2. Alam, A., Gomes, H., Zheng, M., Mamdani, D., Juurlink, C., Bell, M. Long-term Analgesic Use After Low-Risk Surgery: A Retrospective Cohort Study. *Archives of Internal Medicine* 2012; 172:5
3. VanDenKerkhof EG, Hopman WM, Goldstein DH, et al., Impact of perioperative pain intensity, pain qualities, and opioid use on chronic pain after surgery: a prospective cohort study. *Regional Anesthesia and Pain Medicine* 2012; 37:1
4. Bates C. Over prescription of postoperative narcotics: A look at postoperative pain medication delivery, consumption and disposal in urological practice. *Journal of Urology* 2011;185(2):551-555
5. CDC Guideline For Prescribing Opioids for Chronic Pain—United States, 2016. CDC; 2016. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=2503508>. Accessed April 19, 2016