

ADDRESSING THE OPIOID EPIDEMIC

REDUCING OPIOID PRESCRIBING BY ED CLINICIANS THROUGH EDUCATION, A DIGITAL DASHBOARD, AND 1:1 FEEDBACK

THE CHALLENGE:

More than one million Americans have died of a drug overdose since 1999. This accelerated during the COVID-19 pandemic. A major cause of the opioid epidemic is the over-prescribing of opioids, leading to addiction. Notably, physician opioid prescribing in the United States doubled from 2000 to 2014. Most problematic opioid prescribing occurs in longitudinal settings such as primary care. Yet emergency departments (ED) are also important sources of opioids. ED clinicians prescribe small numbers of pills per prescription, but ED prescriptions account for approximately 1 in 5 opioid scripts. Higher opioid prescribing by individual ED clinicians is associated with higher rates of long-term opioid use and may contribute to the opioid epidemic. US Acute Care Solutions (USACS) is concerned about the opioid epidemic, and saw wide variation in how clinicians prescribe opioids after examining internal data.

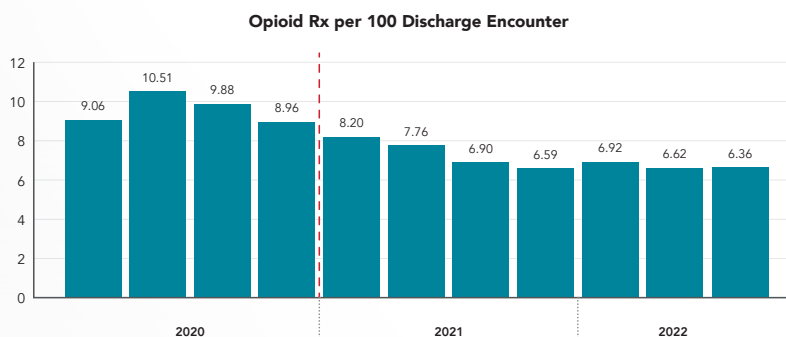
THE SOLUTION:

Provided educational materials USACS addressed opioids in three ways:

- 1) Educational materials on opioid prescribing
- 2) Created a digital dashboard
- 3) Developed a process for 1:1 feedback for high opioid prescribers.
- 4) The educational materials included information for clinicians about the dangers and indications for ED opioid prescribing, alternatives to opioids that provide similar or better pain relief, and resources about how to talk to patients about opioids. The digital dashboard was launched through the USACS intranet and allows for clinicians to view their prescribing compared to others in their site, regionally, and nationally. Finally, USACS developed a regular feedback process where company leaders connect by means of a short 15-minute critical conversation with high opioid prescribers. High opioid prescribers are those who exceed 20 prescriptions per 100 discharges. At the time the program was implemented, this was about the top 10th percentile of prescribing.

THE RESULT:

The program launched in December 2020. The impact on ED opioid prescribing was immediate and has been sustained. After the first three quarters of implementation, opioid prescribing fell 19% from 10.4 during the baseline period to 8.4 prescriptions per 100 discharges.¹ Importantly, reductions in prescribing were the greatest in the highest prescribers. High prescribing physicians decreased their prescribing 35%. High prescribing advanced practice providers reduced their prescribing 41%. Prescribing continued to fall and as of fall 2022 sits at 6.3 prescriptions per 100 discharges, a 39% reduction from baseline. Given the size and scope of USACS, it is estimated that this program has reduced opioid prescribing by about 250,000 prescriptions per year nationally.



USACS opioid prescribing per 100 discharges over time. Program implementation for targeted reduction of opioids was at the end of Q4 2020.

¹Oskvarek JJ, et al. Opioid Prescription Reduction After Implementation of a Feedback Program in a National Emergency Department Group. *Ann Emerg Med.* 2022;79:420-432.