Clinical Solutions

Evidence-Based Guidance: A Critical Strategy in the War Against Opioid Addiction
Opioid management has shifted to priority status as hospitals and health systems consider their top quality and safety issues. Now the leading cause of accidental death in the U.S., fatal overdoses reached 63,632 in 2016 and continue to deliver dire consequences to communities nationwide.

In response to staggering statistics, President Trump declared the opioid crisis a national emergency, opening up new resources to address the problem. The Department of Health and Human Services has since advocated for more coordinated health care for those addicted to opioids. The consequences of the opioid epidemic are far reaching. Limited healthcare resources are increasingly taxed as the fallout from opioid misuse and addiction overwhelms every area of care delivery—from emergency departments and medical facilities, to inpatient and outpatient rehabilitation, mental health and primary care services.

These alarming trends serve as a rally cry, bringing together healthcare stakeholders and communities to collaboratively address this growing threat that is wreaking havoc on the industry and more importantly, on people’s lives. Doing so requires providing today’s healthcare professionals with a line of sight into strategies and tools to address this unprecedented scourge.

Estimates suggest that more than 2 million Americans have an opioid use disorder, and 115 people die daily in the U.S. from opioid overdoses. The total “economic burden” of prescription opioid misuse in the U.S. is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment and criminal justice involvement.
Healthcare’s opioid epidemic predicament: How we got here

Today’s opioid conundrum has been 50 years in the making. Until 1980, the medical community was reluctant to prescribe opioids. Several factors impacted the growing use of opioids for pain management, including lobbying by various patient and pharmaceutical groups. In addition, a letter in a 1980 issue of the New England Journal of Medicine suggested opioid addiction was rare—a conclusion that was accepted by the medical community for years. As a result, the industry began to witness an uptick in opioid prescribing.

A combination of government-mandated pain management and fee-for-service reimbursement models later paved the way for system abuse and misuse. Essentially, the amount a hospital or provider was paid was directly tied to the effectiveness and speed at which a patient’s pain was controlled. A seeming win-win for all, this model opened the door to overprescribing. Further intensifying the situation was the incentive of higher reimbursement for patient satisfaction scores that reached a certain threshold. Less pain essentially equated to greater satisfaction.

Exacerbating the issue was the introduction of higher potency drugs and aggressive marketing campaigns by pharmaceutical companies in the 1990s:

- Prescription opioid sales quadrupled from 1999 to 2014
- Opioid prescriptions in 2015 were estimated to deliver three times the dosage as they did in 1999
- More than half of Americans received an opioid prescription in 2017
- The synthetic opioid fentanyl is 50 times more potent than heroin and 100 times more potent than morphine

Between 21% and 29% of patients taking opioids for chronic pain misuse them, and between 8% and 12% develop a substance use disorder

A matter of economics: Understanding provider urgency

Federal initiatives aim to improve the outlook on the opioid crisis and have thus far focused on developing prescription guidance and freeing up funds to support state initiatives. Notably, the Bipartisan Budget Act of 2018 included $6 billion to expand federal opioid response grants. In addition, states are allocating additional funds and have realized some success by pressuring health plans to address problematic insurance coverage for pain management and requiring clinicians to use state prescription drug monitoring programs.

These are important steps forward, yet providers are now under immense pressure to change the dynamic. Rapidly-declining operating margins are not sustainable when stacked against the opioid crisis’ current growth trajectory. For instance, roughly 30% of hospitals now report negative margins and must turn the corner to optimal reimbursement to remain viable.

While the epidemic touches all patient populations, a disproportionate number of high-cost interventions—including emergency department visits and critical care admissions—are provided to Medicaid beneficiaries who often lack support networks and access to services that can improve the recovery outlook. Recent movements on the national stage seek to eliminate barriers to inpatient substance use disorder treatment for Medicaid populations, yet the reality is that treatment beds are severely limited, and most inpatient treatment centers have long waiting lists.

Simply put, the issue is complex and multi-faceted. Healthcare organizations play a critical role on the frontlines of the epidemic and have significant impetus for improving the outlook. As such, the business case for implementing strategies that support appropriate interventions and help eliminate inappropriate prescribing practices is an easy one to make.

- ICU-related opioid overdose admissions rose by 34% from 2009-2015
- The average cost of care for ICU opioid overdose rose 58% from 2009-2015 ($58k to $92K)
Changing the dynamic: Next steps for healthcare organizations

The magnitude of the opioid problem is certainly greater than providers can resolve on their own. But there are important steps that can be taken to move the needle on outcomes and deliver significant return on investment for both healthcare organizations and communities.

Many hospitals and health systems are turning to data-driven solutions that engage advanced analytics and clinical decision support to guide physicians toward better decisions at the point of care. Numerous regulatory groups and national governing bodies have issued best practice guidance as it relates to opioid prescribing and management. For instance, The Joint Commission, American Society of Interventional Pain Physicians (ASIPP) and Centers for Disease Control and Prevention (CDC) have all implemented new and revised pain assessment and management standards since 2016.

Standardizing provider prescribing behavior hinged on evidence-based guidelines is a vital component in battling the opioid crisis. Hospitals and health systems must deploy resources that deliver this guidance to clinicians at the point of care and then develop protocols for measuring performance and fostering organization-wide accountability to promote a culture of high reliability.

Tools that help educate physicians on how to both identify and address problematic prescribing practices will also be important components of strategies going forward.

While addressing prescribing patterns is only one part of the solution to the opioid epidemic, it is an important one. Standardizing opioid prescribing patterns from the top-down have proven effective in:

- Decreasing opioid prescriptions
- Reducing the number of patients receiving chronic opioid therapy
- Increasing rates of urine drug screening
- Growing the number of referrals to physical therapy

In 2016, the U.S. Surgeon General launched the Turn the Tide Rx campaign, which prioritized use of 2016 Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain. For opioid prescribing outside of cancer, palliative and end-of-life care, the guidelines establish:

- Preference for non-opioid therapy and the need to weigh benefits against risk for addiction
- Importance of establishing treatment goals prior to prescribing opioids
- Parameters of three days of opioid therapy for most cases and no more than seven except in rare instances
- Preference for immediate-release versus extended-release formulas
- High risk for dosages exceeding 50 morphine milliequivalents
- Strategies to mitigate risk of overdoses
- Strategies for monitoring patients receiving chronic opioid therapy
The right technological framework:
Choosing a trusted partner

Elsevier is a trusted partner for today’s healthcare organizations, delivering the precision, accuracy and quality evidence needed to power better clinical performance and improve outcomes for the long term.

Elsevier’s ClinicalKey gives clinicians access to the industry’s most complete collection of medical and surgical content—indexed daily. It provides the most current, relevant opioid epidemic information available, including the latest treatment information, full-text journal articles and reference books, practice guidelines, patient education handouts, and more. ClinicalKey can be integrated into the EHR for easy access at the point of care.

For instance, if a patient presents with opioid withdrawal symptoms, providers can access ClinicalKey at the point of care and receive guidance on how to assess symptoms. Based on the findings of an evaluation, ClinicalKey then guides physicians to appropriate best practice treatment protocols.

This information can then be presented to patients and supplemented with customizable patient education handouts that are available in easy-to-understand language. In between patient consultations, clinicians can dig deeper into the latest opioid use disorder research within ClinicalKey.

In addition, Elsevier’s Gold Standard Drug Database provides the most current, accurate drug data and decision support related to the opioid epidemic for integration into healthcare systems and applications. Key features include:

- TRUE Daily Updates™ every day, including weekends and holidays, for optimal patient safety and business operations
- Superior modern technology that frees IT departments from costly, manual data updates
- Evidence-based content written by Elsevier’s clinical experts, patient-centric and congruent with KLAS® top performer Clinical Pharmacology powered by ClinicalKey®
- Responsive data model that adapts as healthcare and drug information needs evolve
- Solutions for every healthcare setting with a modular format to bring in all the information needed
- Access to resources that support education programs compliant with Risk Evaluation and Mitigation Strategy (REMS) requirements

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