

CASE STUDY

Collective Medical Helps Providers Identify and Prevent Opioid Abuse



“When it comes to addressing the opioid epidemic, it’s helpful to have real-time notifications about patients and their risk. When a patient comes in with an opioid problem, I can see what her established care plan is, decide the best way to help her regain control, and try to alleviate her pain in the least harmful way possible.”

- **Anne Zink,**
MD, FACEP, and
Emergency Medicine
Director, Mat-Su
Regional Medical
Center

Mat-Su Regional Medical Center

It started with a question posed by a patient struggling with an opioid use disorder. When asked about his patterns of abuse, he stated, “I figured that if doctors were willing to just give [opioids] to me to help boost satisfaction scores, it must not be that big a deal. Are satisfaction scores more important than a life?”

Mat-Su Regional Medical Center is a 74-bed rural hospital located in Palmer, Alaska. But its small size is no reflection of the big impact it’s having on prescription opioid abuse in Alaska.

The Challenge

Leaders at Mat-Su knew they needed to find a way to better qualify which patients were truly in need of opioids and which were not. However, establishing these key metrics was difficult. When should opioids be given? When shouldn’t they?

A group of ED physicians met from around the state to determine key metrics and develop best practices for prescribing opioids to patients. While the guidelines were initially introduced as encouraged—but not mandatory—resources for physicians, many of these guidelines were later implemented statewide. The state was then able to support these guidelines with public and physician education, state-and-physician-created educational materials, and other community resources.

With care guidelines in place, the ED implemented the Collective Platform to further track opioid use. The Platform delivers real-time essential patient data at the point of care—allowing doctors to quickly view other facilities the patient was frequenting and any problems with substance use disorder the patient could be facing.

The Solution: A Collaborative Effort

With new care guidelines and the Collective Platform, the staff at Mat-Su had the resources they needed to start sitting down with these patients and discussing what each patient really needed. Dr. Anne Zink, MD, FACEP, and Emergency Medicine Director at Mat-Su, explains:

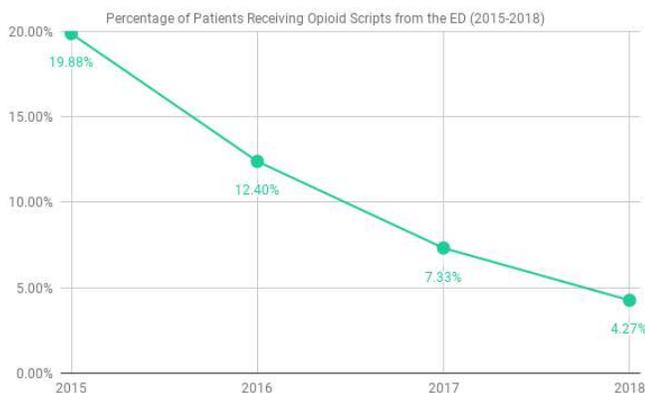
“With Collective, rather than making judgements about patients, we have actual data to reference. This makes it a lot easier to have a conversation with the patient, starting with ‘Let’s see what you’re facing, what the underlying problem is, and why you’re really bouncing between providers.’”

With patient, physician, platform, and state cooperation, Mat-Su expanded its efforts to include the community. Now, community care and non-profit organizations further improve patient transitions from ED to home or rehabilitation by helping patients get plugged into the system and accompanying patients to rehabilitation.

Clinic Outcomes

With the local efforts of hospital and community—supported by statewide initiatives, PDMP integration, and care collaboration through the Collective Platform—Mat-Su was able to see dramatic results, including a

79.36% reduction in opioid scripts written within the first three years of implementation (2015-2018)



During these changes, Mat-Su was able to maintain positive patient satisfaction results. Despite worries that reducing opioids given could reduce satisfaction scores, the caring and collaborative approach taken by providers at Mat-Su has kept the hospital patient satisfaction rates top-notch.

PDMP Integration

As part of its statewide initiatives, Alaska enabled PDMP integration with the Collective Medical Platform. With this, ED physicians are able to get real-time notification alerts that inform them of important prescription histories according to preset-qualifiers determined by each hospital. This has been helpful in tracking patient opioid use and avoiding over-prescribing opioids.

In one case, a woman with major medical problems was coming into the ED with complaints of high pain levels. Physicians did not realize she was already getting those opioid prescriptions from her primary care provider.

Once the PDMP program was connected with their Collective notifications, physicians were able to see the woman’s actual opioid prescription history—alerting them to a potential problem with substance use disorder. They were then able to sit down and have a conversation with the woman and her other care providers to discuss the root of the problems and start getting her the help she needed most.

About Collective Medical

Collective Medical provides the nation’s largest and most effective network for care collaboration. Our risk-adjusted event notification and care collaboration platform spans across all points of care—including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. The Collective Platform uses the network to identify at-risk, complex patients and share actionable, real-time information with diverse care teams, leading to better care decisions. Care decisions and plans become a collaborative effort, improving patient outcomes by executing on a single, shared, and consistent plan of care.