



CASE STUDY

Effectively Tracking and Reducing Prescription Opioid Abuse

Monterey County has seen a **32 percent decrease in opioid-related deaths** through care coordination.

Community Hospital of the Monterey Peninsula

As the opioid crisis continues to be an issue in many parts of the country, regions like Monterey County, California are seeing success in slowing its growth by combining and unifying the efforts of medical providers throughout the area. Community Hospital of the Monterey Peninsula (CHOMP) has combined local opioid prescribing guidelines with state PDMP and care coordination to improve substance use disorder tracking and put a stop to opioid misuse.

The Challenge: Qualifying the Patients Really in Need of Opioids

For emergency physicians, a pain shot or narcotic script offers a simple treatment to help patients with chronic pain feel better quickly, enabling the physician to see more patients and keep busy emergency departments running smoothly. But patients struggling with substance use disorder (SUD) often travel between points of care with similar complaints to receive the specific medication they are seeking. Without transparency into patient medical and prescription histories, it can be almost impossible for providers to determine which patients have legitimate pain issues—and which are just looking for their next prescription opioids.

Leaders at CHOMP knew there had to be a better way to qualify which patients were truly in need of acute pain management and which were not. As a result, a team of physicians began working together to develop the Monterey County Prescribe Safe Initiative, a multi-agency collaborative effort to reduce prescription opioid misuse. The initiative brought together local physicians, law enforcement, pharmacies, drug recovery centers, and hospital leadership to develop pain management guidelines and protocols that could be implemented across the county.

“The more information you have on a patient, the better care you can provide for them. By pulling all our resources—from PDMP information to care guidelines to these interdisciplinary counsels—we can see what is really happening with a patient and determine what we can do to best help them. Having all this information recorded and delivered in a notification keeps the process manageable by ensuring we don’t have to stop and manually look up these guidelines for each patient.”

Susan Burnell,

MSN RN, CEN, Director of ED

The Solution: An Integrated Approach to Care

To facilitate better care collaboration and personal interventions for ED patients across the community, CHOMP ED connected with other EDs across the nation to send relevant, real-time ADT-based patient notifications to physicians at the point of care through Collective Medical's care collaboration platform. This collaborative tool is integrated with California's PDMP, delivering key information about opioid prescription histories to providers. Dr. Reb Close, MD and Attending Emergency Physician at CHOMP explains:

"Integrating the PDMP with our notifications, we're able to see at-a-glance when the patient in front of us just received opioids at a nearby pharmacy for a prescription from a primary care provider and gain insight into possible substance misuse. With a more complete picture, we can see what the patient truly needs—whether that's a connection to the primary care provider, a rehabilitation facility, or alternative treatments for pain management."

In addition to using these reports at the point-of-care, a collaborative, multi-disciplinary team meets regularly to discuss the treatment and progress of individual patients with high ED utilization or opioid use. This task force includes a multi-disciplinary team of physicians, clinical nurse specialists, chemical dependency nurses, crisis intervention teams, social workers, psychiatrists and other behavioral health staff, and outpatient services.

Together, the team was able to develop and refine patient care guidelines, then share those guidelines with the patient and the patient's primary care provider—establishing expectations for care, including who was able to prescribe the patient opioids and appropriate places to receive care for various conditions. Care guidelines were made easily accessible via real-time enhanced ADT delivery at the point-of-care, saving providers time by presenting key information about medical and prescription histories without having to log into the PDMP.

TAKE CONTROL

collectivemedical.com/opioid-epidemic

Addressing ED Utilization

CHOMP is a 225-bed hospital in Monterey county, with approximately 56,000 ED visits per year. Of these visits, many come from patients with high utilization patterns (four or more visits a year); some of those patients have more than 20 visits per year. Together, these patients account for almost 30 percent of all ED visits.

Patients with high patterns of ED utilization often have complex care needs, including behavioral health issues or substance use disorder. To help ensure these patients received the care they needed most, CHOMP implemented the ED Recurring Visitors Program (EDRVP) in 2006, connecting these patients to case managers.

The EDRVP helps CHOMP providers get these individuals the personalized care they need by connecting them to resources beyond the ED—including outpatient behavioral health or rehabilitation services. Susan Burnell, MSN RN, CEN and Director of Emergency Services at CHOMP explains:

"If the patient is struggling with something like substance use disorder, we can treat their acute medical condition, but not their on-going addiction and other chronic medical conditions. Connecting the patient to the best resources for their circumstance not only optimizes patient outcomes, but minimizes unnecessary cost for the hospital and results in time savings that can help providers see more of those patients who need them the most."

Able to address the root cause behind these ED visits, physicians are beginning to see modest success in managing these patients, contributing to Monterey's overall 59 percent reduction in ED visits.

Clinical Outcomes

While prescription opioid misuse continues to be a problem in many parts of the country, CHOMP and other providers in Monterey County are seeing the benefits of taking the time to collaborate on patient care. Using the Monterey Prescribe Safe Initiative, its guidelines, and collaborative efforts, as of 2018 Monterey County has seen:

A 32 percent reduction in opioid deaths

A 59 percent reduction in ED visits

A 47 percent reduction in variable cost avoidance in recurrent ED visitors under care management

Over a 50 percent decrease in the number of narcotic pills prescribed at local primary care clinics

As part of their efforts to reduce opioid use, providers at CHOMP and in the surrounding Monterey area are turning to non-opiate methods to treat pain, getting new medications available for use at the hospital, and working with insurance companies to improve coverage of new non-opiate therapies.

From 2014 to 2016, the use of topical lidocaine patches for pain increased by 320 percent, the use of non-steroidal anti-inflammatories like ibuprofen increased by 150 percent, and two new non-opioid intravenous medications were added to the list of medications for use in the ED to treat pain.

Close finishes:

“A patient never plans on becoming addicted to opioids. When helping these people, we have to take an empathetic approach, listen to their complaints, and ask ‘what’s really happening here?’ Prescribe Safe is meant to help providers do just that. By practicing informed, intentional prescribing, we can help these patients not only find relief from their pain, but ultimately provide relief from and hope for their addiction, too.”

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.