Safe Prescribing Committee

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The Start

- Pain Committee
  - Started in 2012
- Developed Primary Care management guidelines
  - Management agreement
  - Informed consent
- Provide comfort for Cross coverage

The Committee

- Meetings
- Make up
  - 6 clinicians including one behavioral health
  - Nurses
  - Administrative staff
- Authority of the CMO

Next Step

- Began to look at all Controlled substances
  - Benzo's and their cousins
  - Marijuana
- Changed name to Safe Prescribing Committee
- Set goals for Management Agreement and tracked
- Set goals for Urine Tox and tracked
- Notified patients effected

Timeline

- February 2014, we sent out 374 letters to patients on high dose opiates telling them of our new policy.
- April 2014 -- Our first pain brochure was completed
- April 2014 -- We revised the Pain Management Guidelines
- May 2014 – We looked at the average number of visits of patients with and without chronic pain meds, and tested for significance at the clinician and the Center level.
- Jan 2015 – SCHC pain brochure modified to include No ethol and marijuana and opiate medications.

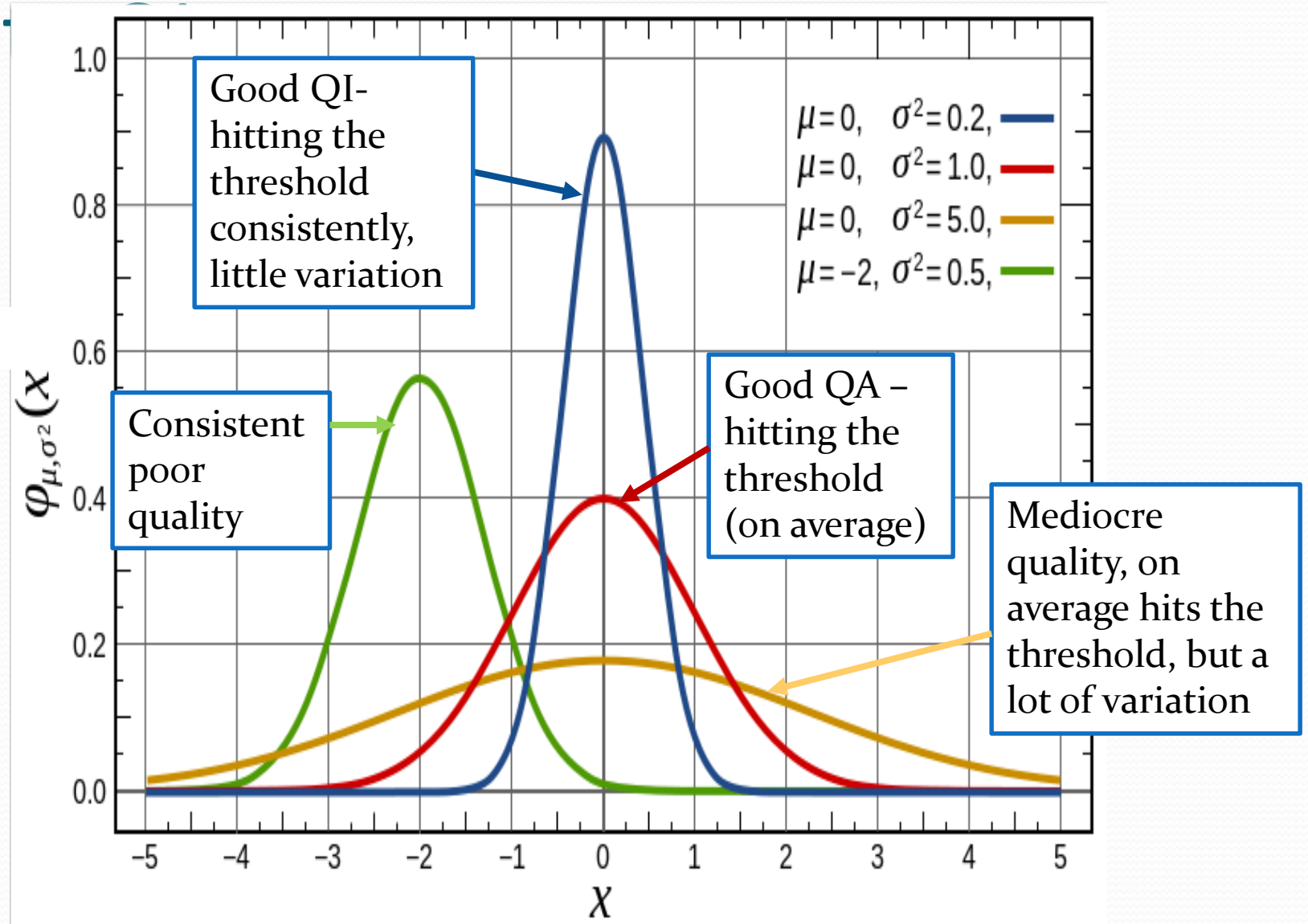
Current functions

- Consultant resources
  - Send request to chair
  - Tapering recommendations
  - Dosing recommendations
  - Engagement recommendations
- Monitor compliance
  - Monthly monitoring
  - Medical Director management
  - Evaluation factor

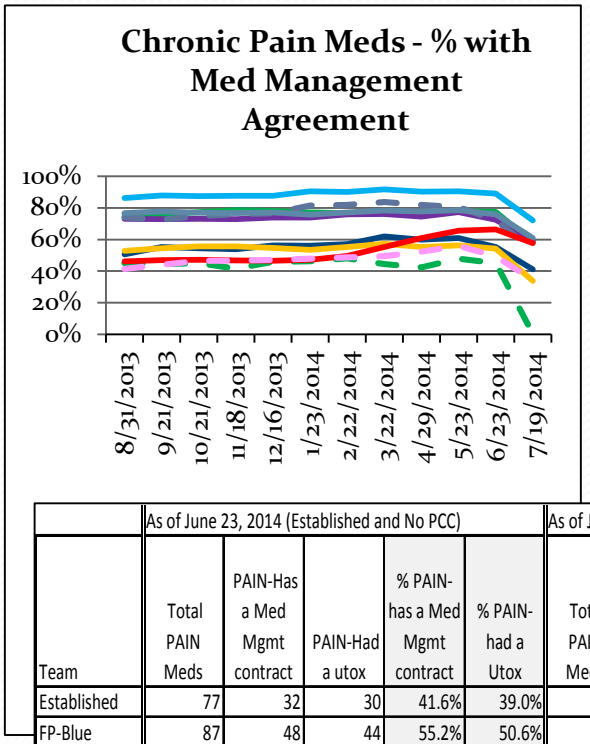
Where Are We?

- August 2013: 2969 patients on chronic pain meds, 136 patients on high dose opiates
- January 2014: 3053 patients on chronic pain meds, 358 patients on high dose opiates (the expansion brought in some new patients)
- December 2014 –2875 on chronic pain meds. 386 patients on high dose opiates
- May 2015 – 2652 on chronic pain. About 100 patients on high dose opiates.

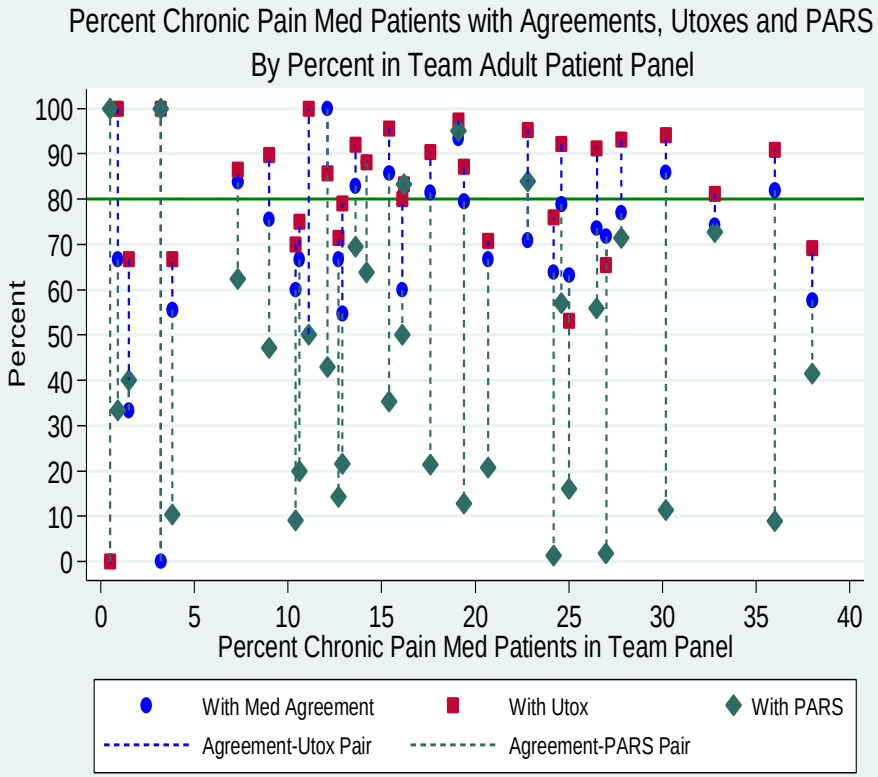
A graphic look at moving from QA



Numerous report formats "tested"

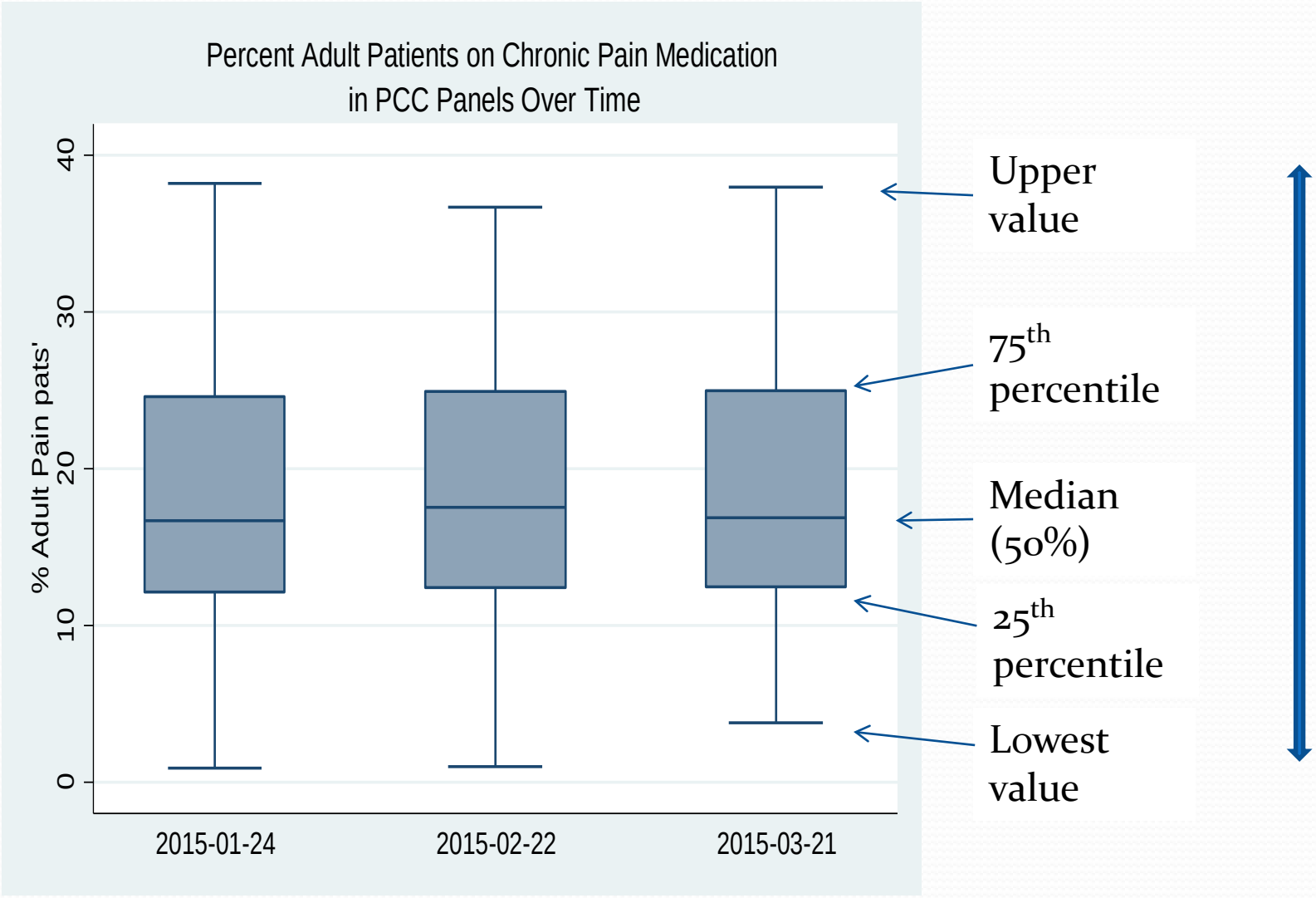


	As of June 23, 2014 (Established and No PCC)					As of July 19, 2014 (Established and No PCC)							
Team	Total PAIN Meds	PAIN-Has a Med Mgmt contract	PAIN-Had a utox	% PAIN-has a Med Mgmt contract	% PAIN-had a Utox	Total PAIN Meds	PAIN-Has a Med Mgmt contract	PAIN-Had a utox	% PAIN-has a Med Mgmt contract	% PAIN-had a Utox			
Established	77	32	30	41.6%	39.0%	93	21	26	22.6%	28.0%			
FP-Blue	87	48	44	55.2%	50.6%	107	44	49	41.1%	45.8%			
FP-Gold	531	288	320	54.2%	60.3%	684	231	371	33.8%	54.2%			
FP-Green	430	333	295	77.4%	68.6%	533	310	363	58.2%	68.1%			
HOPE	20	9	12	45.0%	60.0%	5	0	1	0.0%	20.0%			
HV	230	205	174	89.1%	75.7%	314	226	237	72.0%	75.5%			
No PCC	84	26	18	31.0%	21.4%	162	23	24	14.2%	14.8%		↓	↓
PEDS	11	3	3	27.3%	27.3%	14	2	2	14.3%	14.3%		↓	↓
Purple	265	192	177	72.5%	66.8%	327	193	209	59.0%	63.9%		↓	↓
RES	494	356	339	72.1%	68.6%	601	319	393	53.1%	65.4%		↓	↓
SL	379	288	274	76.0%	72.3%	429	261	302	60.8%	70.4%		↓	↓
SPC	567	376	321	66.3%	56.6%	714	412	409	57.7%	57.3%		↓	–
UC	223	110	67	49.3%	30.0%	269	92	79	34.2%	29.4%		↓	–
Grand Total	3398	2266	2074	66.7%	61.0%	4252	2134	2465	50.2%	58.0%		↓	↓

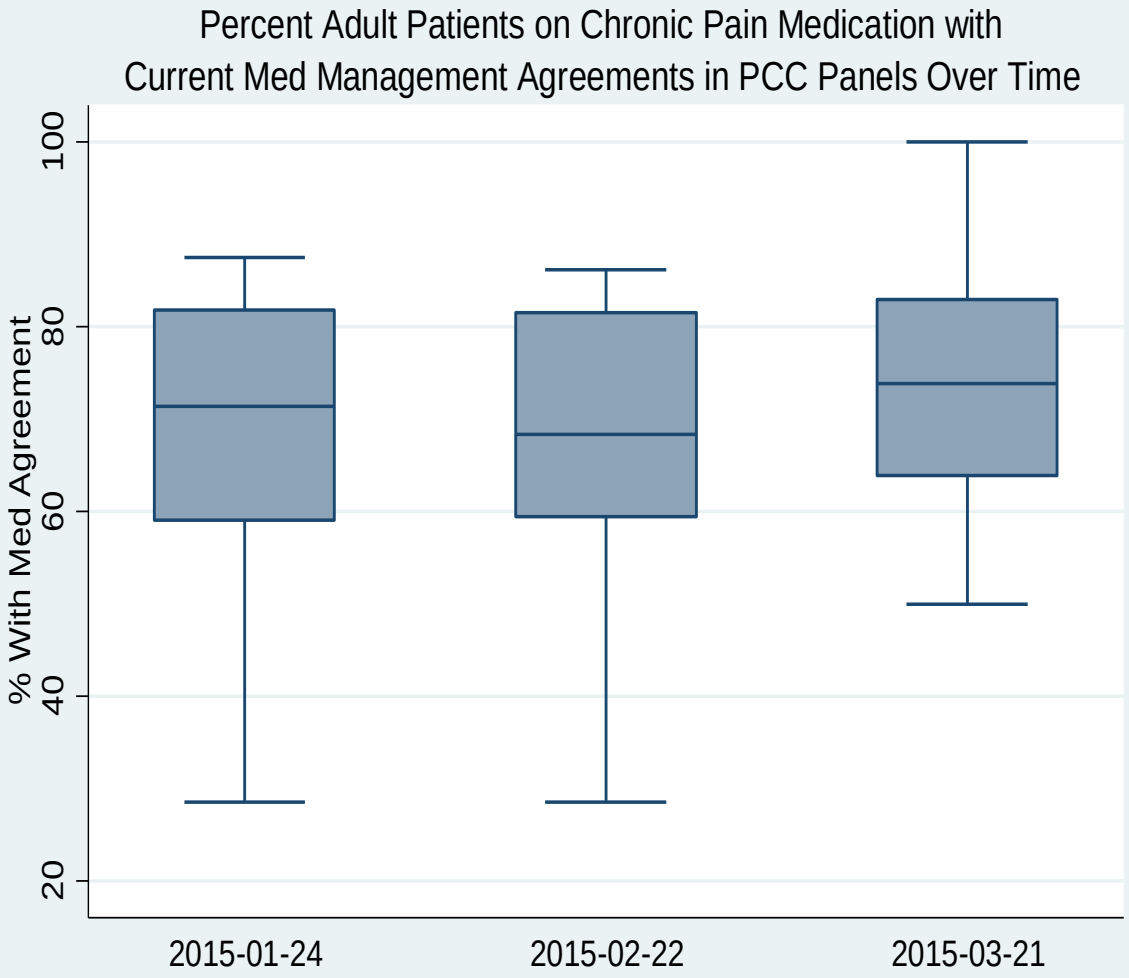


Mar 21 2015.

Are we making progress? Proportion of patients on opioid medications has remained fairly stable

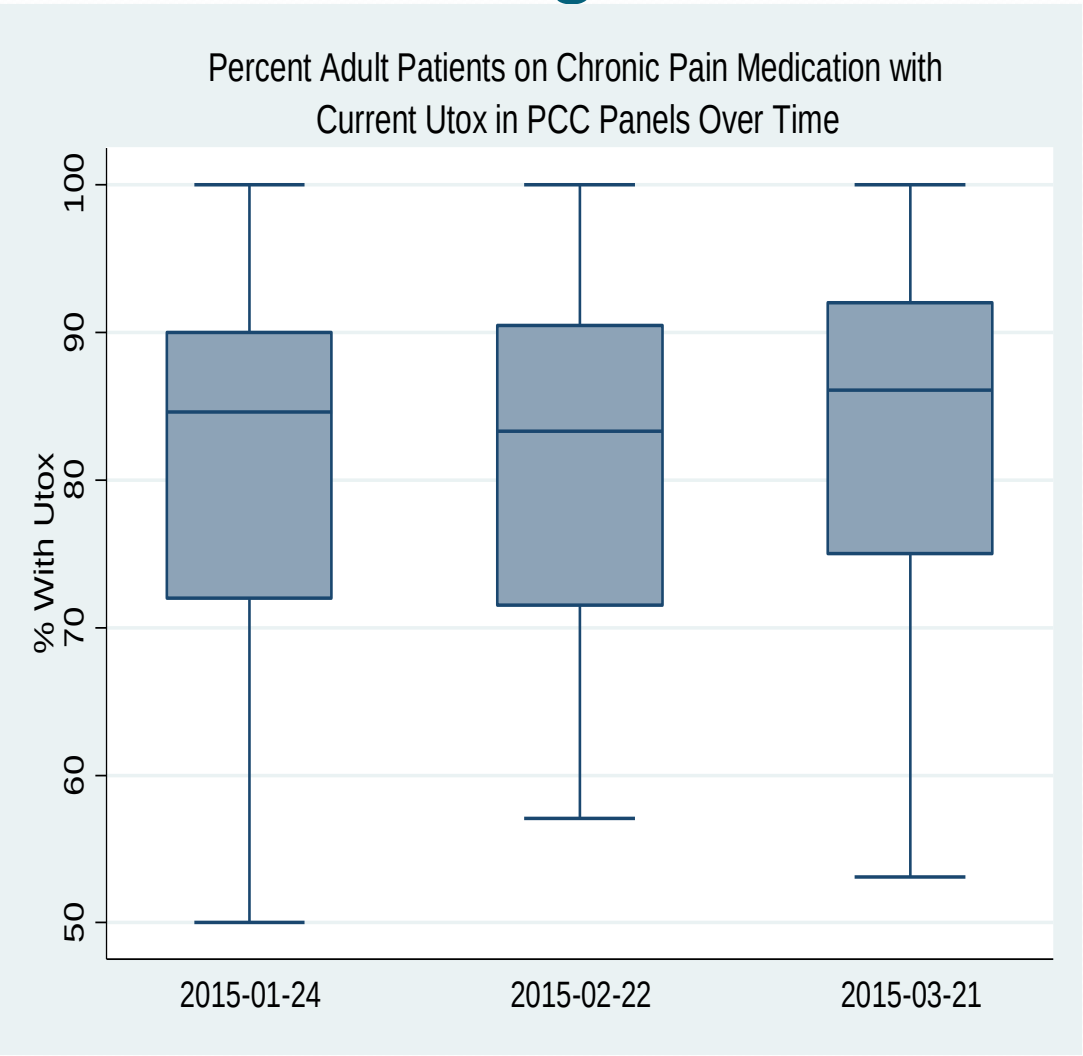


Proportion of patients with current med management agreements is increasing



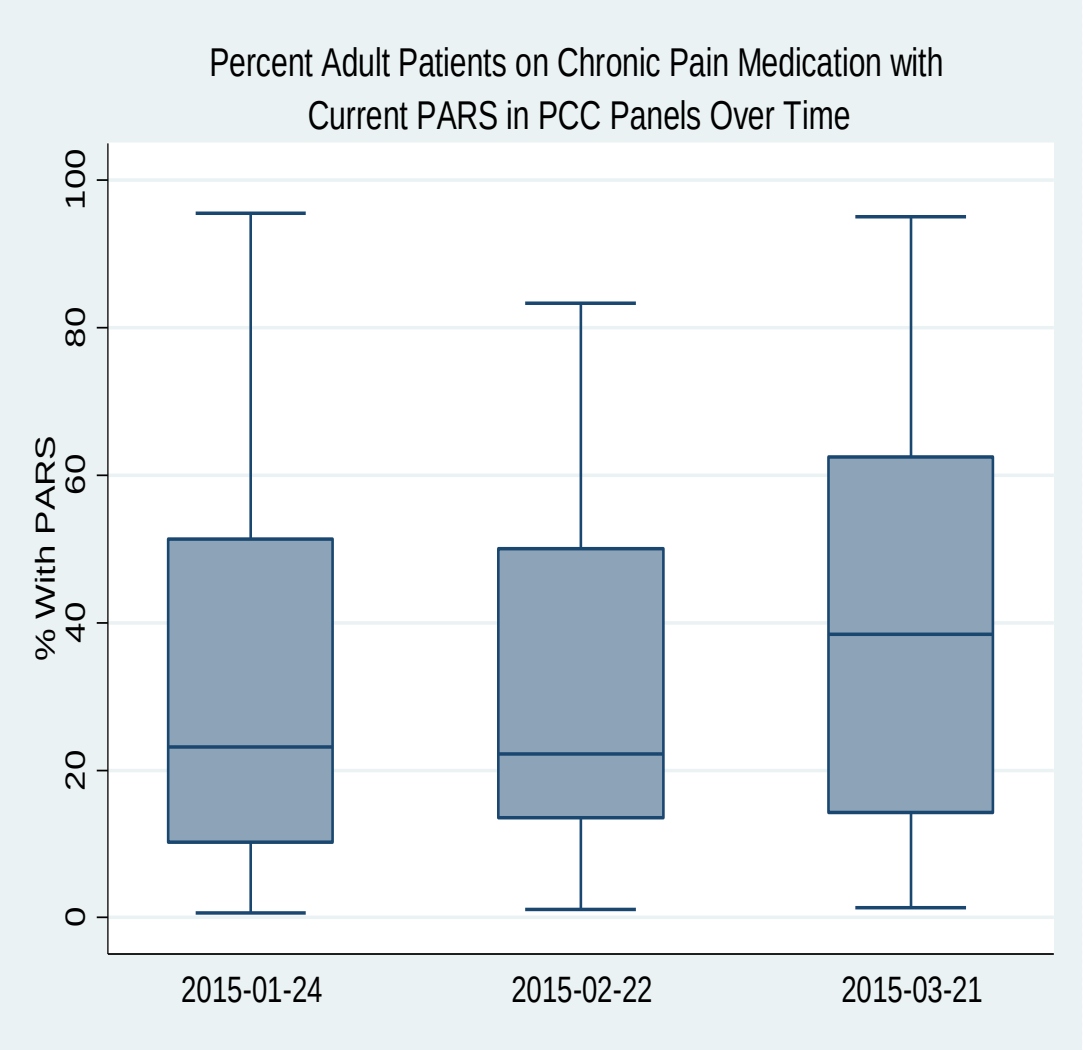
Less variation is good. Means that teams are more consistently getting/updating med management agreements.

Proportion of patients with current utoxes is increasing



Less variation is good. Means that teams are more consistently doing utoxes.

Proportion of patients with current PARS/CURES is increasing



More variation is good. Means that teams are getting PARS reports.

Lessons Learned

- Needed a clear (and repeated) articulation of policies and guidelines
- Provided patient information about the policy
- Try out different data presentations – not all will work, not all will work forever
- Enjoy the success

Questions
Comments

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