

Robert Risch MD, John Garrett MD on behalf of the IES EMQP Committee

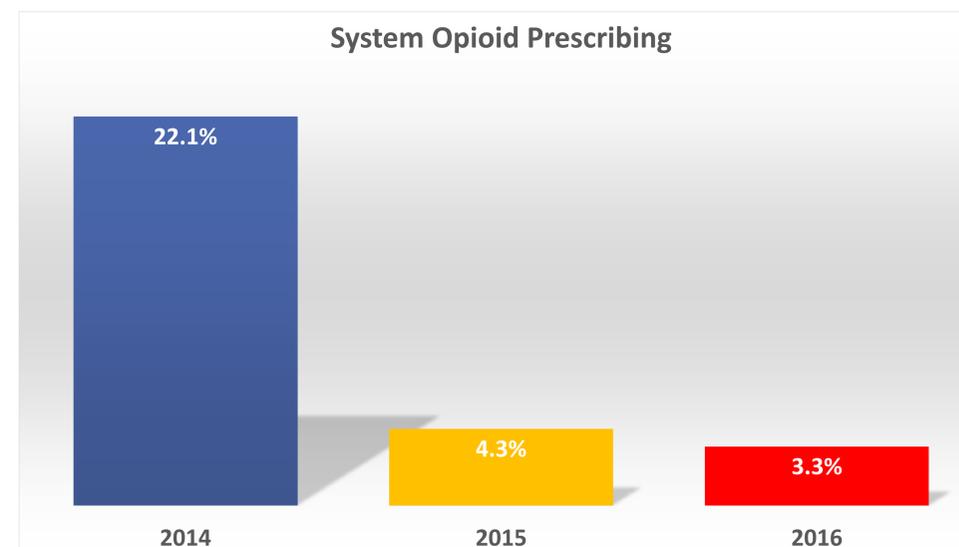
INTRODUCTION

- ❖ A majority of patients that present to the Emergency Department have pain related complaints.
- ❖ Opioid prescribing quadrupled between 1997 and 2007.
- ❖ A parallel increase in drug overdoses and deaths have also occurred with more than 165,000 prescription overdose deaths in the same period of time.
- ❖ Concerns have been raised about the role of emergency medicine in the prescribing of narcotics and the possible financial implications of drug seeking patients in our system.

IES PAIN PRESCRIBING PROGRAM

- ❖ The IES Emergency Medicine Quality and Performance Committee developed guidelines and a protocol based on national standard best practices in 2014.
- ❖ Since that time we educated our staff on the IES pain guidelines at the IES Quality Summit and distributed these guidelines to our providers.
- ❖ We also incorporated recent changes from the Texas DPS into our practice.

RESULTS



DATA

- ❖ This review included ~ 650,000 discharged patients with 74,000 prescriptions for narcotics.
- ❖ The majority of the prescriptions are for hydrocodone with a very small percentage of oxycodone and statistically insignificant prescribing of other opioids. This is in keeping with national recommendations.
- ❖ In 2014 there were 58,289 prescriptions for hydrocodone which decreased to 11,777 in 2015. This represents a 5-fold decrease in opioid prescribing in one year. Additionally, during the same period the average number of tablets prescribed per prescription was 15.8 representing a 2-4 day supply

PROCESS

- ❖ The IES pain program was evaluated using a GAP analysis tool in 2016. This demonstrated that 100% of BSWH North Texas Emergency Department Medical Directors had implemented a pain policy and 80% felt this was a hardwired process in their department.
- ❖ In order to determine opioid prescribing patterns in the BSWH North Texas Emergency Departments we ran a MedHost query of Emergency Department prescriptions for narcotics since 2014. Baylor University Medical Center was not included in this review due to recent changes in MedHost, which makes data prior to the MedHost upgrade unavailable. However, we believe the data is representative of BUMC practice patterns.

CONCLUSIONS

- ❖ Treatment of pain is difficult with a need to balance oligoanalgesia with the risk of opiate use.
- ❖ We instituted pain guidelines based on national standard best practice. In conjunction with changes in the Texas DPS guidelines there was a significant decline in narcotic prescribing.
- ❖ We believe that the reduction in prescribing is due to several factors including a change in state regulations and a system change in support for non narcotic prescribing,