

# Are Your Opioid Prescribing

## Pain Management Practices Current?

*Technology and a Team-based Approach Can Increase Patient Safety and Reduce Risk.*

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The opioid addiction crisis continues to dominate headline news. According to the Centers for Disease Control and Prevention (CDC), in 2017, 35% of opioid over-doses involved prescription opioids, with more than 46 people dying every day.<sup>1</sup> The most common drugs involved in prescription opioid overdose deaths are methadone, oxycodone and hydrocodone.<sup>2</sup>

While the overall prescribing rate of opioids has been declining since 2012, the amount of opioids currently being prescribed in morphine milligram equivalents (MME) is three times as high as in 1999.<sup>3</sup> There is continuing evidence of problematic prescribing patterns with more than 191 million opioid prescriptions dispensed to American patients in 2017—with wide variation across states.<sup>4</sup>

In 2017:

- There were still almost 58 opioid prescriptions written for every 100 Americans<sup>4</sup>
- 17% of Americans had at least one opioid prescription filled, with an average of 3.4 prescriptions dispensed per patient<sup>4</sup>
- The average number of days per prescription continues to increase, with an average of 18 days in 2017<sup>4</sup>

A review of Constellation medical professional liability (MPL) claims asserted from 2010 to 2015 found that opioids were involved in 19% of claims where medication was a factor, and 24% involved more than one medication. The most common allegations were improper prescribing of medication and failure to recognize and treat opioid use disorder (OUD). The opioids most involved were hydromorphone, methadone and oxycodone. The combination of opioids with the highest indemnity payment and injury severity was fentanyl and oxycodone. Death was the outcome in 22% of claims.

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*“What I appreciate about Constellation is that they are always analyzing their malpractice claim data and providing resources for their customers to proactively manage risk.”*

– Matt Quinn, Business Development Executive, IMA

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### Orthopedic practice

According to the American Academy of Orthopaedic Surgeons (AAOS), orthopedists are the third most common prescribers of opioids.<sup>5</sup> Often a person’s exposure to opioid prescription medication comes after a trauma such as a broken bone or following joint replacement surgery. Research shows that many patients receive a large number of opioid pills and many of these pills go unused.<sup>6</sup> These unused and unnecessary pills increase the risks for misuse, addiction, overdose and death. This analysis also revealed that fewer opioid pills or alternative medications, including over-the-counter pain relievers, could be equally effective, thus reducing the risks.

“Orthopedists should follow current best practices to prevent patient harm and protect themselves and their organizations from allegations of negligent prescribing, overprescribing and failure to recognize and treat OUD,” says Matt Quinn, former orthopedic practice administrator and current Business Development Executive at IMA Financial Group. “At IMA we focus on each health care client as a unique organization in order to develop a professional liability program that protects the organization. We work closely with Constellation to ensure orthopedic practices have the coverage and risk services you need.”

# Keep current on best practices

Reducing harm for patients and the resulting malpractice claims can be accomplished by implementing the following:

- 1 Use a team-based approach**, which redistributes roles and accountabilities across the entire care team and empowers team members to work up to the scope of their license and education.

A team-based approach to workflows ensures that orthopedists have time to spend with complex patients. Redesign workflows to ensure tasks are appropriately and efficiently delegated to team members in these areas:

- History intakes and updates
- Medication history and medication reconciliation
- Review of your state's prescription drug monitoring program before prescribing opioids
- EHR documentation during and after exams
- Follow-up monitoring systems that track exams, refill and requests, diagnostic/imaging tests/ results, and referrals to pain specialists
- Patient education, goal setting and coaching

**2 Employ technology to automate processes:**

- Embed documentation templates and opioid risk assessment tools into the EHR to capture and document pertinent medical history, family history, risk factors for OUD and mental health status.
- Create a patient dashboard view of pain status, functional and goal status, risk level, opioid prescriptions, MME dosages, refills and requests, test results, monitoring status and referral status.

- Run reports from the EHR to identify outstanding test results, referral reports and patients due for exams and testing.
- Create a clinician opioid-prescribing dashboard that includes a feedback loop for individual clinicians on their opioid prescribing profile.

**3 Implement evidence-based policies to guide prescribing practice:**

- An opioid stewardship program outlining the appropriate use of opioid medications, a multimodal approach to pain management, patient risk assessment for OUD, patient education and coaching, and metrics to provide feedback to clinicians on their opioid prescribing profile.
- Preoperative, intraoperative and postoperative protocols outlining appropriate pain management including opioid prescribing and discharge prescriptions. The CDC recommends that when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.
- Referral guidelines for chronic or persistent pain.

## References

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2. Hedegaard H, Bastian BA, Trinidad JP, Spencer M, Warner M. **Drugs most frequently involved in drug overdose deaths: United States, 2011–2016.** *National Vital Statistics Reports.* 2018;67(9).
3. Centers for Disease Control and Prevention. **Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015.** *MMWR-Morb Mortal W.* 2017; 66(26):697-704.
4. Centers for Disease Control and Prevention. **2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States.** Published August 31, 2018.
5. Herndon C, Joo P, Venugopal V, Day M. **The Opioid Epidemic: Orthopaedic Residents' Perspectives.** *AAOS Now.* Published January 1, 2020. Accessed February 18, 2020.
6. Appleby J, Lucas E. **While addiction crisis raged, many surgeons overprescribed opioids, analysis shows.** *Kaiser Health News.* Published June 21, 2019. Accessed February 18, 2020.

## Resources

- AAOS Patient Safety Resources <https://www.aaos.org/quality/patient-safety/>
- AAOS Pain Relieve Toolkit <https://www.aaos.org/quality/patient-safety/pain-relief-toolkit/>
- CDC Guideline for Prescribing Opioids for Chronic Pain <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

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