PROJECT UPDATE: MS-TRIP 3

REDUCING ADVERSE DRUG EVENTS (ADES) FROM ANTICOAGULANTS, DIABETES AGENTS AND OPIOIDS IN PRIMARY CARE

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GOALS

Summarize project and results

Introduce practice panel

Plan for what comes next
WHY MS-TRIP 3?

- "Adverse drug events (ADEs) from high priority medications are **common, clinically significant, and preventable**"

- Primary care community perspectives on improving safety are needed
AMERICA’S OPIOID EPIDEMIC

Problem:
Too many prescriptions

In 2015, the amount of opioids prescribed was enough for every American to be medicated around the clock for

Centers for Disease Control and Prevention, www.cdc.gov
AMERICA’S OPIOID EPIDEMIC

Drug overdose – mostly from painkillers – now kill more people than car crashes.

Overdose vs. Auto fatalities

EVERY DAY
44 PEOPLE in the U.S.
DIE FROM OVERDOSE of prescription painkillers
...and many more become addicted

Centers for Disease Control and Prevention, www.cdc.gov
PROJECT GOALS

- Translate risk factors for ADEs into a working set of clinical quality measures (CQMs)
- Develop and disseminate reports on CQMs
- Test the impact of a “community engaged action research” approach on CQMs in 20 PPRNet practices
PARTICIPATING PRACTICES

- Byron Center Family Medicine
- Cayuga Family Medicine
- Cookeville Primary Care Associates
- Diana Lozano, MD PA
- Fulton Family Health Associates
- High Ridge Family Practice
- Hilliard Family Medicine
- Internal Medicine and Pediatric Clinic of New Albany
- Johnston Family Medicine
- Natural Family Wellness
- New London Family Practice
- North Olympic Healthcare Network
- Northeast Iowa Family Practice Center
- Plymouth Family Physicians
- Quality Family Practice
- Ripon Family Physicians
- Riverside Family Physicians
- Skyline Family Practice
- Springfield Health Care, Inc.
- Sopris Medical Practice
MS-TRIP 3 PROJECT

All Participating Practices

Measure Survey
Reports and Registries

3 Site Visits with Patient Advisors
Follow-up on Improvement Plans

Intervention Practices
GOALS

- Summarize project results
- Introduce practice panel
- Plan for what comes next
GOALS

Summarize project results

Are patients in intervention practices more likely to meet measure criteria than patients in control practices?
GOALS

Summarize project results

Do patients in intervention practices meet measure criteria at a faster rate than patients in control practices?

No.
1. CLINICAL QUALITY MEASURES

Anticoagulants
- INR monitoring for patients on warfarin*
- Renal function monitoring for patients on new oral anticoagulants*
- Appropriate dosing of new oral anticoagulants

Diabetes Agents
- Avoiding Potential Overtreatment of High Risk Patients with insulin or sulfonylureas~

Opioids
- Overall Opioid Prescribing
- Avoiding Use of High Dose Opioid Therapy
- Avoiding Use of CNS Depressants in Patients on Long-Term Opioids
AVOIDING USE OF HIGH DOSE OPIOID THERAPY

Baseline Performance and Absolute Improvement Through Month 18

Control Practices

Intervention Practices

Baseline Performance

Absolute Improvement Over 18 Months
AVOIDING USE OF CNS DEPRESSANTS IN PATIENTS ON LONG-TERM OPIOIDS
RESULTS SUMMARY

• No significant impact from intervention

• We need practice input and perspectives on these findings
MS-TRIP 3 PRACTICES

- Byron Center Family Medicine
- Cayuga Family Medicine
- Cookeville Primary Care Associates
- Diana Lozano, MD PA
- Hilliard Family Medicine
- Natural Family Wellness
- New London Family Practice
- Plymouth Family Physicians
- Quality Family Practice
- Ripon Family Physicians
- Riverside Family Physicians
- Skyline Family Practice
- Springfield Health Care, Inc.
Why do you think there was no change?
DISCUSSION

- What would be a more powerful intervention?
- Can it happen in primary care?
COMMENT ON RESULTS

• Lessons from a negative study
  – High performance at baseline on some measures
  – Aimed to improve different medication classes with distinct safety issues
  – Intervention distracted from practice-level improvements
  – Outcome measures do not reflect new prescribing behaviors (or not prescribing)
GOALS

1. Summarize project results
2. Introduce practice panel
3. Plan for what comes next
The amount of opioids prescribed per person varied widely among counties in 2015.
OPIOID PRESCRIBING
PERCENTAGE OF PATIENTS WITH ANY CURRENT PPRNET RX WITH AN RX FOR OPIOID

Baseline Performance and Absolute Improvement Through Month 18

Range: 2-21%
PRACTICE PANEL

- Cayuga Family Medicine
- Cookeville Primary Care Associates
- Hilliard Family Medicine
- New London Family Practice
- Plymouth Family Physicians
OPIOID SAFETY STRATEGIES

- Judicious prescribing
1. When to Use Opioids for Chronic Pain

- Non-drug interventions and nonopioids are preferred
- Establish treatment goals for pain and function
- Continue only if improvement in pain/function outweighs safety risks
- Continually discuss risks, potential benefits and responsibilities for managing therapy

Centers for Disease Control and Prevention, www.cdc.gov
For patients on chronic opioids, implement enhanced benefit-risk discussions, including monitoring (i.e., state prescribing databases, urine drug screen, frequent visits)
2. Opioid Prescribing and Monitoring

- Use immediate release instead of extended-release
- Prescribe lowest effective dose
  - Implement additional precautions if over 50 MED/day
  - Generally avoid increasing dosage to over 90 MED/day
- Limit quantity when used for acute pain
- Evaluate benefits/harms within 1-4 weeks of starting, then at least every 3 months
OPIOID SAFETY STRATEGIES

- Team-based review and individualized case management for patients on high dose or CNS depressants
  - Tapering schedules
  - Frequent visits
  - Safer alternatives to CNS depressants
3. Risks and Harms of Opioid Use

- Evaluate risk factors, incorporate preventive strategies
- Review Prescription Drug Monitoring Program (PDMP) when starting and periodically
- Use urine drug testing before starting, consider at least annually
- Avoid opioids in patients on benzodiazepines
- Offer/arrange evidence-based treatment for patients with opioid use disorder
GOALS

- Summarize project results
- Introduce best practice panel
- Plan for what comes next
NEXT STEPS

- Incorporate select MS-TRIP 3 measures into general reports
- Continue today’s dialogue with other practices
- Translate opioid lessons into next project