

# The Time for Opioid Stewardship is Now

Hospitals are under increasing pressure to address effective use of opioids. Empower Clinical and Quality teams to standardize clinical practice around improving pain management and increasing patient safety.

## INCREASING URGENCY TO ADDRESS OPIOID USE ISSUES



### COVID-19 IMPACT

2020 marks the worst year on record for opioid-related deaths. Over **81,000 drug overdose deaths** were reported June 2019-May 2020.



### INTERNAL COST DRIVERS

Direct hospital costs for opioid-related admissions now reach \$20k per patient.



### ACCREDITATION PRESSURES

The Joint Commission's Pain Management Standards are gaining priority in hospital surveys.



ONLY **23%** OF ACUTE CARE HOSPITALS IN THE U.S. REPORTED HAVING AN OPIOID STEWARDSHIP PROGRAM



### Primary goals of an opioid stewardship program

1. Decrease opioid use
2. Reduce harm related to opioid use
3. Identify and treat substance and opioid use disorders more effectively.



### Key metrics to reduce opioid use and manage risk

1. Exposure
2. General use on average MME per day, per patient
3. Utilization of multi-modal treatment
4. Patients at-risk for opioid-related adverse events



### Elements for implementing or expanding an OSP

1. Engage leadership
2. Leverage pharmacy's expertise
3. Optimize data usage
4. Identify opioid use status
5. Operationalize pain management strategies
6. Deliver provider support and education



### Real-time clinical surveillance & CDS help operationalize opioid stewardship programs

MME-powered rules improve patient safety and standardizes care through

- Rule content
- Real-time monitoring
- Care interventions

<sup>1</sup>Centers for Disease Control and Prevention, Overdose Deaths Accelerating During COVID-19. <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>

<sup>2</sup>Ardeljan et al. Current state of opioid stewardship. Am J Health-Syst Pharm. 2020;77:636-643