



Table of Contents

Tier 1 Status Announcement	1
The Opioid Crisis	1,2
NEW Order Sets & Documents	3
Shout Outs	3
EPT Updates	3
ASP Featured in Published Paper	4
TCPI MIPS Improvement Activity Credit	5
Prefilled Phenylephrine Syringe - Currently Unavailable	6

Calendar of Events

APRIL

- Infectious Disease EPT - 4/4
- Obstetrics EPT - 4/9
- Radiology EPT - 4/18
- Cardiology EPT - 4/25

MAY

- Primary Care EPT - 5/2
- SLC Council of Chairs - 5/16
- Anesthesia EPT - 5/17
- Critical Care EPT - 5/22

Tier 1 Provider Status Announcement

Sent on behalf of Bob Bonney
SVP Non-Acute Services & Business Development

Dear Colleagues

We have some exciting news about an added benefit to share with the Saint Luke's Care membership. We have just learned that Saint Luke's Care members will be awarded Tier 1 provider status in our employee health plan and potentially other Saint Luke's Health System centric networks. We have made this decision because we believe that it advances the goal of quality care for our health plan members because the development of "best practices" is Saint Luke's Care's sole mission.

In order to achieve this status, all providers within your group must be Saint Luke's Care members.

If you have any questions about your individual status or the status of your group, please contact Tracy Zaragoza at 816-599-9560 or tzaragoza@saint-lukes.org.

A MESSAGE FROM THE SAINT LUKE'S CARE CMO

The Opioid Crisis

I had the privilege of attending the Missouri Hospital Association's 2018 Opioid Summit on Mar. 2, 2018 in St. Louis, MO. Currently it is estimated that the economic cost of opioid use disorder in Missouri is approximately \$12.6 billion per year. In 2016, there were almost 1400 opioid overdose deaths in Missouri. Although the vast majority were from illicit or illegal sources, it is sobering to note that of individuals with opioid use disorder, approximately 75% were initially exposed to opioids from a legitimate, physician prescribed opioid.

The Opioid Crisis continued...

So what can we as concerned physicians do? I would offer a few suggestions:

- Be cautious about initiating opioid treatment in opioid naïve patients. Avoid use when possible and if not able to find an alternative agent, limit prescribing to as short a time period as possible. Prescribing opioids for longer than 2 weeks for acute pain greatly increases the risk of the patient developing an opioid use disorder.
- Set expectations with patients that you will only prescribe opioids for a predesignated amount of time (Ex. 10 days), afterwards you will advise the use of NSAIDs.
- Provide education to patients on the dangers of opioid use (respiratory depression), especially when combined with benzodiazepines and/or alcohol. Identify Outpatient Treatment Centers if they believe they may have an addiction.
- If you are not familiar with the 2016 CDC guidelines for the use of opioids in chronic pain, I would suggest that you take the time to review them here: [CDC Guideline for Prescribing Opioids for Chronic Pain](#)
- Register for the Prescription Drug Monitoring Program (PDMP) in your state. Both K-Tracs and the St. Louis County PDMP can be accessed from the clinical reference tab in Epic. The St. Louis County PDMP now covers St. Louis county, Boone county, Jackson county, and recently added Clay county.
- Try to avoid concurrent use of opioids and benzodiazepine drugs. This combination greatly increases the risk of opioid overdose.
- Freely prescribe Naloxone (either nasal or injectable) for patients on high dose opioids. Unfortunately, this can be a costly medication and patients may have trouble affording it.
- Caution patients taking prescription opioid pills not to substitute the pills with any other opioid pills they may have obtained from an illicit supplier. On the illicit drug market, there are pills being manufactured that have an identical appearance to hydrocodone or oxycodone products, but in fact contain fentanyl which can easily precipitate an opioid overdose.

These are good first steps, but there is much more to do. We have a shortage of physicians that are credentialed to prescribe medications such as buprenorphine or methadone for medication management of opioid use disorder. If you are interested in pursuing this certification, it is not that difficult as all that is required is an 8 hour course and registering with the DEA as a prescriber. PCCS-MAT offers free waiver training for physicians, residents, psychiatrists, APNs and PAs here: [Medication Assisted Treatment Resources](#)

Finally, Saint Luke's Health System has recently started a multidisciplinary Opioid Stewardship Committee. It will meet monthly and will examine ways that the health system can develop best practices to help our patients with acute and chronic pain as well as those patients suffering from opioid use disorder.

Discover the rewards of treating patients with Opioid Use Disorder at <https://pcssnow.org>

Thanks for taking the time to stay connected through *Saint Luke's Care Connect*. I hope you have a great Saint Luke's day!

William M Gilbirds II, MD

NEW Order Sets & Documents

Midline Order Set EPIC-1225 - Live 2/21/18

- Designed by the Vascular Access Team to be placed after insertion of a midline
- Championed by Kenneth Cho, MD, Catherine Hamilton, Cristina Crapisi and Ramona Martin
- Approved by the Radiology and Medicine EPTs

Subcutaneous Treprostinil (Remodulin®) Infusion EPIC-914 - Live 3/7/18

- Previously paper orders (SYS-1433)
- Plaza campus only
- Championed by Mark Yagan, MD and Kedra Blunck
- Approved by the Critical Care EPT

Spine Pre-Op Order Set EPIC-1226 - Live 3/21/18

- Developed to support and enhance the Spine program and to incorporate evidence-based practices into the preoperative care for this patient population
- Developed by Cheerag Upadhyaya, MD, Brady Johnson PA-C and the Spine Surgery Program Improvement Collaborative Committee
- Approved by the Neurology EPT

SHOUT OUTS

Ted Hodges - Marketing

A special thank you to Ted for his expertise and patience in converting file types to meet the needs of the Meropenem & Daptomycin CME authors' needs and the SLHS web page requirements. Your willingness and ability to continually meet short deadline requests is greatly appreciated.

Ashley Askew, MD

BIG thanks to Dr. Askew for her thorough review, engagement, and hard work throughout the content development phase of the Pediatric UTI diagnostic and treatment pathways.

Kedra Blunck - Pharmacy

Thank you for all the time and expertise in helping with the Heparin Induced Thrombocytopenia work. You are an invaluable member of this team!

EPT Updates

Saint Luke's Care (SLC) Evidence-based Practice Teams (EPTs) are continuously meeting to address the needs of providers and other clinicians. Creating and modifying order sets and other clinical documents are just a few of these activities.

For more information on EPT activities and SLC multidisciplinary projects, click [HERE](#) to view the most recent bi-monthly Update.

Questions?

Please contact SLC staff at saintlukescare@saint-lukes.org

Antimicrobial Stewardship Program Featured in Published Paper

[Sarah Boyd, MD](#), and [Nick Bennett](#), PharmD, BCPS, members of the Saint Luke's Health System [Antimicrobial Stewardship Program](#) (ASP), recently published a [paper](#) in the *American Journal of Health-System Pharmacy*™. The paper discusses the use of metrics to assess ASP outcomes and changes. Many of the described metrics are those the SLHS ASP tracks and reports.

The ASP, in its third year operating on a system level, is a regional leader in developing innovative stewardship solutions, ranging from leveraging rapid diagnostics to maximizing electronic medical record capabilities to help providers make informed decisions.

Examples of recent initiatives launched to support improved antimicrobial use or provide increased access to optimal treatments include:

- An [Innovation Center project](#) focusing on improving blood culture communication, which resulted in improving time to optimal therapy selection by 9.2 hours
- Development of a [fecal transplant program](#)
- A [best practice alert](#) notifying providers when viral respiratory illness is likely (in progress)
- A [best practice alert](#) notifying providers and pharmacists when the ASP has provided a recommendation on treatment resulting in improved recommendation transparency and acceptance rates
- [Alternative body weight dosing for daptomycin](#) yielding similar outcomes and decreased expenditures
- Order set and treatment algorithm development/modifications, which promote improved empiric antimicrobial selection, through the ID Evidence-Based Practice Team

For help with antimicrobial stewardship-related needs, please call 816-880-6745 (ext. 36745)



Sarah E Boyd, MD



Nick Bennett, Pharm.D.

Transforming Clinical Practice Initiative (TCPI) Enrolled Providers - MIPS Improvement Activity Credit

Saint Luke's Health System TCPI Providers are encouraged to explore this opportunity with their individual professional organizations.

Date: 11/1/2017

Transforming Clinical Practice Initiative (TCPI) Participation Letter

Dear TCPI Clinician:

Thank you for your commitment to the Transforming Clinical Practice Initiative (TCPI)! The Centers for Medicare & Medicaid Services (CMS) is pleased that you have chosen to participate in this transformative initiative. TCPI is a four-year initiative and its primary purpose is to assist the U.S. health care system with its critical evolution from a volume-driven, fee-for-service model, to a more efficient integrated care model by incorporating a variety of innovative payment structures that emphasize value.

As a part of the transition toward a value-based payment structure, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program known as the Quality Payment Program. The program is comprised of two tracks: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). Clinicians participating in TCPI will have the advantage of learning about MIPS and how to move toward participating in Advanced APMs.

Additionally, if you are a MIPS eligible clinician based on the criteria listed at <https://qpp.cms.gov/participation-lookup/about> in 2017, your active participation and engagement in TCPI counts as a MIPS Improvement Activity for the 2017 performance year. **Please retain a copy of this letter for your records, as it confirms your current enrollment in the TCPI.** Information on the MIPS Improvement Activities performance category is available at <https://qpp.cms.gov/mips/improvement-activities>.

We look forward to working with you to enhance the capability of your practice to improve quality and patient care outcomes. If you have any questions or concerns about your participation, please contact your designated Practice Transformation Network (PTN) or Support and Alignment Network (SAN) 2.0. You can also find additional information about TCPI at <https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/> or TCPI.ISCMail@us.ibm.com.

Sincerely,

The Transforming Clinical Practice Initiative Team

Prefilled Phenylephrine Syringe - Currently Unavailable

Below is information regarding the shortage of prefilled phenylephrine syringes. Please pass along to your colleagues who will be impacted by this change.

Situation: The prefilled **phenylephrine syringes (1mg/10mL)** are currently unavailable with no anticipated release date.

Background: There are no other prefilled syringe options available at this time. Phenylephrine is available in a 10mg/mL, 1 mL vial.

Assessment: Options to manage this shortage include dilution of the vial by the end user, or drawing up diluted syringes in Pharmacy. There are potential patient safety implications of requiring dilution of the vial by the end user and risk of administering undiluted drug.

Recommendation: When the supply of prefilled syringes is exhausted, Pharmacy will compound phenylephrine 1mg/10mL syringes. These syringes will have shorter expiration dates - 9 days refrigerated; 24 hours room temp and therefore will only be stored in refrigerated areas. Please see the plan below for specific details by area. We will immediately switch back to using the prefilled syringes as soon as sufficient supply is available.

Location	Plan
C-Section Anesthesia Machines	No change. Continue to stock prefilled syringes in C-Section Anesthesia machines.
Anesthesia Kits	Try to reserve the prefilled syringes for Anesthesia Kits as long as possible. Once supply is exhausted, phenylephrine syringes will need to be pulled from Acudose refrigerators.
CVOR, CV Lab, EP Lab	Remove from Anesthesia machines Pharmacy tech will place 2-3 syringes in each room with scheduled cases every morning (M-F) – these will expire after 24 hours at room temperature If needed, additional syringes will be available in the refrigerator in the central core (where Borkon bags are currently located)
Main OR	Remove from Anesthesia machines Pharmacy tech will place 2-3 syringes in each room with scheduled cases every morning (M-F) – these will expire after 24 hours at room temperature If needed, additional syringes will be available in the refrigerator of the Surgery Acudose
Neuro IR Neuro PACU (NPL) Neuro OR (NRL)	Remove from Anesthesia machines in OR suites Syringes will be available in the refrigerators connected to the Neuro OR and Neuro PACU
GI Lab	Stock in refrigerator connected to Acudose
MSTICU CVICU CICU CVPACU Neuro ICU GI Pulm Recovery Room (RR) Surgery (SURX) XRay	Stock in refrigerator connected to Acudose machines
ED	Remove from Acudose. Available from Central Pharmacy.