



A MESSAGE FROM THE SAINT LUKE'S CARE CMO

## The Opioid Crisis & Available Tools

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### Calendar of Events

#### AUGUST

- Pediatric EPT - 8/8
- Infectious Disease EPT - 8/8
- Critical Care EPT - 8/14
- Anesthesia EPT - 8/16

#### SEPTEMBER

- Primary Care EPT - 9/11
- Cardiology EPT - 9/26

The opioid crisis in the United States continues to remain a high priority in health care. More Americans are dying from opioid overdoses than from motor vehicle accidents. It should be noted that the vast majority of opioid overdose deaths are the result of illicit opioids such as carfentanil and heroin. However, it is also significant that most victims of opioid overdose had their first exposure to opioids from a legal opioid prescription.

The Saint Luke's Health System has responded to this crisis by starting a system wide Opioid Stewardship Committee (OSC) which is chaired by Dr. Jennifer Elliott, a pain management specialist. The committee is multidisciplinary consisting of physicians of various specialties, nurses, and pharmacists.

Saint Luke's Care has tried to help the OSC meet its goals through the development of clinical tools to support the prescribing physician. These tools reside in three areas:

#### Wellness Flowsheet Tab

We have provided a PEG score which is a validated, 3 question score to assess pain across 3 domains (pain, enjoyment, & general activity). In order to assess the risk of prescribing opioid medication to an opioid naïve patient we have provided an Opioid Risk Tool (ORT) that helps to rapidly assess the opioid abuse potential for a given patient.

- **Low risk** = Less than or equal to 3
- **Moderate risk** = 4 to 7
- **High risk** = Equal to or greater than 8

#### Clinical Reference Tab

There is access to 2 Prescription Drug Monitoring Programs (PDMP's). The first is K-Tracs which is for the state of Kansas. The second under "PDMP" is access to the St. Louis County PDMP which tracks controlled substance prescriptions in St. Louis County, Boone County, Jackson County, and most recently added Clay County.

## The Opioid Crisis & Available Tools continued...

Although The St. Louis County PDMP is not state wide, it does cover approximately 50% of lives in Missouri. Finally the last listing regarding opioids in the clinical reference tab is a link to the Substance abuse and Mental Health Services Administration. This allows a rapid search based on a patient's zip code of available opioid medication assisted treatment providers who are credentialed to prescribe medications such as buprenorphine or Suboxone.

### **EPIC MME Calculations**

In March of 2016, the CDC issued a 56 page document containing opioid treatment guidelines. Although these guidelines have been criticized for not entirely being evidenced based, they have been increasingly adopted across the country. One of the main guidelines was that doses of opioids above 50 milligrams of morphine equivalents per day (MME) should be used cautiously and doses of MME greater than 90 MME should be avoided except in exceptional circumstances. If an effort to allow a quick calculation of MME for our practicing clinicians, ambulatory prescriptions for oral opioids in Epic now automatically show the MME. This is true for all opioids with the exception of methadone because of the variable half-life of methadone. While on the subject of methadone, although it has been used for chronic pain for many years (primarily because of its low cost), it probably should be avoided because of its variable half-life, potential to cause QT prolongation and multiple drug interactions. Methadone has been associated with a disproportionate number of overdose deaths relative to its frequency of use for chronic pain.

There are a few new laws in the state of Missouri regarding opioids, one of which is that no more than 7 days of an opioid can be prescribed for acute pain without careful medical justification in the medical record.

Rest assured, Saint Luke's Care will continue to help develop clinical tools that help our members "do the right thing" and remain in compliance with the increased scrutiny being placed on opioids by the various regulatory agencies.

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

## 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](mailto:saintlukescare@saint-lukes.org)

# Saint Luke's Care Officially Welcomes the Leadership of Chris Perryman, MD

In Dr. Perryman's new role as SLHS CMO, he provides oversight and direction for Saint Luke's Care. We are delighted to have someone of his stature and commitment to excellence in patient care serve in this role.

In case you missed the recent announcement...

## **"Dr. Perryman Named SLHS Senior Vice President, Chief Medical Officer"**

"Melinda L. Estes, MD, Saint Luke's Health System President and CEO, announced that J. Chris Perryman, MD, has accepted the newly established position of SLHS Senior Vice President and Chief Medical Officer, effective immediately. In this role, Dr. Perryman will be responsible for leading our large and expansive independent medical staff, as well as overseeing Saint Luke's Care, medical staff peer review, credentialing, and medical staff relations for the Health System.

Dr. Perryman is a graduate of the University of Kansas School of Medicine and completed his residency through the Saint Luke's Medical Education Department. He has been with Saint Luke's since 1976, and will continue his longstanding internal medicine practice at Saint Luke's Primary Care—Plaza with reduced hours as he assumes this system leadership role.

He strongly believes that being on the front lines of patient care—experiencing the same things as members of the medical staff—is key to being an effective advocate on issues that affect patient care.

Dr. Perryman brings a wealth of experience in patient care and physician leadership to the CMO role, and is dedicated to serving our patients and communities. He will work side-by-side with Richard D. Rolston, MD, CEO of Saint Luke's Physician Group, to identify opportunities and support initiatives that help all of our providers work even more seamlessly together.

Dr. Perryman will continue to report to Dr. Estes. He will maintain his clinical office at the Plaza and will divide his time between his practice there and System Offices."



## SHOUT OUTS

### **Kedra Blunck - Pharmacist**

Thank you for all the support and work with the Heparin Induced Thrombocytopenia (HIT) project and for facilitating the Argatroban order set review and update. Kedra has been a key expert for the HIT project and will be helping to prepare and present the November HIT Grand Rounds.

### **Maggie Pope, RN, and Peggy Coffman**

Thank you for all the work with the Peri-Anesthesia hypertension project that is coming from the Anesthesia EPT. This project will help get patients referred appropriately to primary care/cardiology with undiagnosed hypertension.

### **Ashley Askew, MD; Sarah Boyd, MD and Nick Bennett - Pharmacist**

Thank you for helping to champion the Urinary Tract Infection Treatment order set for the Ambulatory setting. This order set will provide dynamic clinical decision support for providers to ensure patients with UTI get the appropriate antibiotic.

### **Bethany Austin, MD**

Thank you for all her extra work collaborating with the clinical decision support team creating best practice alerts (BPA's) to help ensure patients are getting the best evidenced-based care. She continues to go above and beyond the expectations to help champion ways to improve clinical content through order sets, care pathways and best practice alerts along with leading the Cardiac EPT.

### **Kristin Sollars, Marci Eberts, Kelly Turner & Makenzie Stuck**

Thank you for helping identify nursing work flow for Meningitis order set.

# NEW Order Sets & Documents

## SLC ED TRIAGE PANELS EPIC-1151 - Live 6/13/18

- Created and approved by the ED EPT
- Contains all the ED TRIAGE PANELS already approved combined into one order set to provide a downtime version in the forms library

## NICU Bevacizumab for Retinopathy of Prematurity EPIC-1269 - Live 7/25/18

- Created and championed by pharmacy and ophthalmology, Kimberly Day, pharmacy and Jinny Lavezzi, DO
- Approved by the Pediatric EPT

## Urinary Tract Infection (UTI) Treatment Orders EPIC-1252 - Live 7/11/18

- Developed by Sarah Boyd, MD; Ashley Askew, MD and Nick Bennett, Pharmacy
- Based on IDSA guidelines
- Approved by the Primary Care EPT
- Smart set includes clinical decision support and dynamic functionality, therefore, a provider will only see the version of the smart set that pertains to their patient based on sex and age. The clinical decision support guides providers towards the correct antibiotic treatment, if treatment is warranted. It will also guide providers towards not treating at all or recommend inpatient admission when necessary. Some patients are unable to convey symptoms to their provider, and the smart set also guides providers on how to treat these individuals based on UA results, although not all treatment needs a UA. Treatment for Cystitis, Complicated UTI & pyelonephritis is included in the smart set. There are primary and alternative treatments for patients that have PCN/cephalosporin and for known organisms. Some treatments require an IM injection in the clinic AND a PO prescription.

### Initial View:



### Select the appropriate option:

