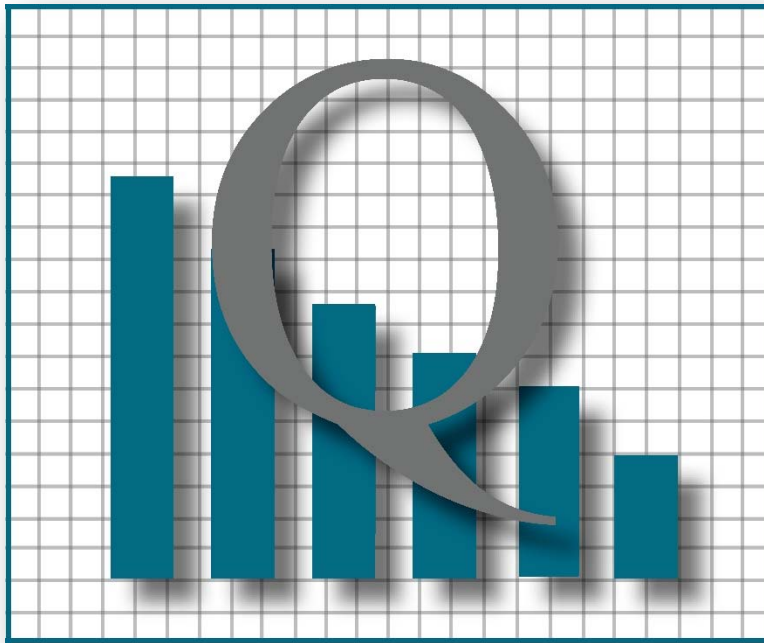


WVHA OPIOID COLLABORATIVE



OVERVIEW

The opioid epidemic is one of the most serious public health issues facing our nation with West Virginia being one of the hardest hit states in the country. Opioid-involved overdose deaths have more than quadrupled since 1999 and are the leading cause of injury death in the United States.^{1,2} In 2016, there were more than 63,600 drug overdose deaths in the United States with West Virginia experiencing the highest rate of drug overdose deaths in the nation with a rate of 52.0 per 100,000 people.³ The national rate in 2016 was 19.8 deaths per 100,000 people – 21% higher than in 2015.⁴

Overdose deaths and admissions for opioid treatment increased in parallel with opioid prescribing, which also quadrupled between 1999 and 2010.⁵ Opioid prescribing has been decreasing nationally since 2012, although the rates remain three times as high as the 1999 rates and vary substantially across the country.⁶ Even as prescribing has declined, overdose deaths have increased, driven largely by an increase in the use of illicit fentanyl and heroin.⁷

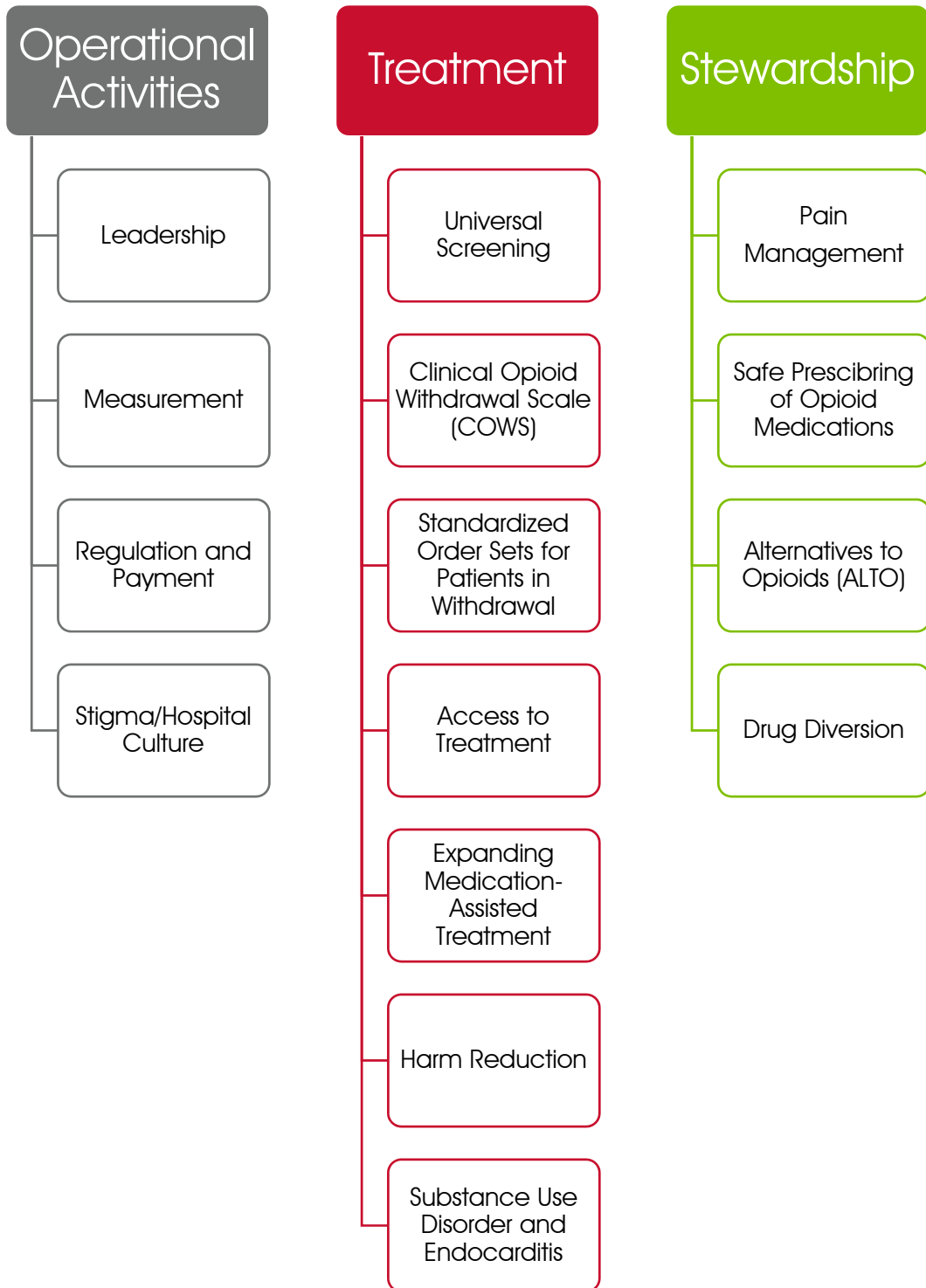
In 2016 prescribers were still writing 66.5 opioid and 25.2 sedative prescriptions for every 100 Americans.⁸ A total of 61 million people had at least one prescription for opioids filled or refilled with nearly 215 million prescriptions being dispensed by retail pharmacies in 2016.⁹ The average day's supply per prescription was 18.1 days in 2016, increasing 36% since 2006. Prescriptions for a 30-day or greater supply also increased between 2006 and 2016.

This is an opportunity for prescribers, as patients are at risk for continuing opioids long-term if they receive them for more than 5 days and are unlikely to discontinue them once they are received for longer than 90 days. This highlights the importance of reducing initial opioid exposure in the opiate-naïve patient, as well as the challenge in reducing use in patients already receiving them.¹⁰ To this end, the CDC has released Guidelines for Prescribing Opioids for Chronic Pain to provide recommendations on the use of opioid pain medication in treating chronic pain.¹¹ There are also pain stewardship¹² and pain assessment and management guidelines^{13,14} for hospital-based providers.

It is estimated that over 2 million people in 2015 had an opioid use disorder associated with prescription opioids¹⁵ and SAMHSA estimates that nearly 80% of individuals with an opioid use disorder do not receive treatment.¹⁶ Hospitals are in the position to interface with the opioid dependent patient when they seek care for an accidental overdose or hospitalization due to drug use-related infection, such as endocarditis.

Undertaking a hospital-based opioid collaborative will enable hospitals to confront various aspects of the opioid crisis – from how providers assess pain and use opioids and opioid alternatives to how patients are screened, treated, and referred for opioid use disorder.

WHA Opioid Collaborative Topic Framework



* Focus area detail starts on page 5.

DELIVERABLES

MEASUREMENT

PRE- AND POST-COLLABORATIVE GAP ANALYSIS

- Pre-collaborative gap analysis will assess organizational readiness for each focus area
- Summarized and reviewed on coaching calls and in person meetings

DATA COLLECTION AND REPORTING

- WVA will set up systems for data collection and reporting
- Hospital pharmacy will submit data
- Hospital-specific reporting with comparative collaborative data provided

MEETINGS

IN PERSON MEETINGS

- Kick-Off Meeting
 - Representatives from each participating hospital
 - Agenda to include:
 - WV Department of Public Health
 - WV Office of Drug Control Policy
 - Dr. Terry Horton, Christiana Care Health System – Science of opioid use disorder and strategies for solutions
 - Highlight work underway by WV hospitals
 - Measurement (including pre-collaborative gap analysis results)
- Mid-Collaborative Meeting
- Wrap-up Meeting
 - Review collaborative results
 - Hospital presentations
 - Discuss data collection

MONTHLY COACHING CALLS/WEBINARS

- Hospitals share successes, challenges, and opportunities
- Assistance provided by content experts

TIMELINE

April/May 2018	Hospital recruitment
June 2018	Pre-collaborative Gap Analysis
July 2018	Kick-Off Meeting (In person)
July 2018	Hospitals begin submitting data to WVHA
August 2018 – May 2019	TREATMENT – Coaching calls/Webinars
August 2018 – May 2019	STEWARDSHIP – Coaching calls/Webinars
June 2019	Post-collaborative Gap Analysis
June 2019	Wrap-Up Meeting (In person)