Opioid Capture in the AHSQC
Can we reduce use by measuring it?

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Disclosure

• Davol/Bard – Consultant
• Medtronic – Physician Advisory Honorarium
Objective

• Hernia surgeon’s role in the Opioid Epidemic
• AHSQC’s opportunity
Overdose Death Rates Involving Opioids, by Type, United States, 2000-2016

Why should we measure opioid use?

Around 46 people die every day from overdoses involving prescription opioids.

1 in 16
Our practice experience in measuring opioid use:

• In 2016 we were prescribing 12 Vicodin tablets for IH
• 60% of patients did not take any pills after hospital discharge
• 26% used less than 4 tablets
• Only 14% of patients used more than 4 tablets
• We were overprescribing by 300%
• Changed our behavior as a result
Introducing an Opioid Capture Module to the AHSQC – Process

• Worked with AHSQC Leadership, local teams
• Goal was to balance obtaining quality data without being too onerous
• Modified published questions to fit AHSQC needs
• Obtained feedback from AHSQC board
Recommendations

• Opioid module applicable to all hernias – But **OPTIONAL**
• Providers should be prompted to see if they want to answer opioid/pain questions
• Roll out to high volume inguinal hernia surgeons by invite
• **Branching logic** for simplicity
Patient history of: (please check all that apply)

- Major depression
- Anxiety disorder
- Bipolar disorder
- Other psychiatric
- Recent opioid use (within 30 days)
- Chronic use of provider-prescribed opioid analgesic medication (>90 days)
- Chronic use of non-provider-prescribed opioid analgesic medication (>90 days)
- Other substance use

Proposed **OPTIONAL** addition of 3 questions

**Question 1 – Preop Assessment - Demographic risk factors**

**Question 2 – Operative Details – Postop opioid prescribing data and education**

**Question 3 – 30 Day PRO – Patient reported opioid usage**

<table>
<thead>
<tr>
<th>Comorbidities</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Hepatic Insufficiency or Liver Failure</td>
<td></td>
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<tr>
<td>Diabetes Mellitus</td>
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<td>Dyspnea</td>
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<tr>
<td>Immunosuppressants</td>
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<td>Ascites</td>
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<td>Dialysis</td>
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<tr>
<td>Anti-platelet medications</td>
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<tr>
<td>Nicotine use (in relation to operative date)</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>COPD</td>
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<tr>
<td>Anti-coagulation medication</td>
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<tr>
<td>History of AAA</td>
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</tbody>
</table>

- Current within one month
- Former within one year
- Distant former greater than one year
- Never

- Yes
- No
Patient history of: (please check all that apply)

- Major depression
- Anxiety disorder
- Bipolar disorder
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- Recent opioid use (within 30 days)
- Chronic use of provider-prescribed opioid analgesic medication (>90 days)
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Postoperative Pain Management Technique used (Check all that apply)*

- Prescription Opioid (Check one)
  - Oxycodeone (Oxycontin, Oxydo)
  - Oxycodone/Acetaminophen (Percocet, Roxicet)
  - Hydrocodone/Acetaminophen (Vicodin, Lorcet, Lortab, Norco)
  - Hydromorphone (Dilaudid, Exalgo)
  - Codeine
  - Methadone (Dolophine, Methadose)
  - Morphine (Kadian, MS Contin, Morphabond)
  - Meperidine (Demerol)
  - Tapentadol (Nucynta)
  - Tramadol
  - Fentanyl Transdermal / Oral (Duragesic, Fentora, Actiq, Abstral, Onsolis)
  - Other
- Dosage in Milligrams
- Number of Opioid Tablets Prescribed

- Prescription Non Opioid (Check all)
  - Cox2 – Celecoxib (Celebrex)
  - Pregabalin (Lyrica)
  - Gabapentin (Neurontin)
  - Other

- Over the counter medicines recommended
  - Acetaminophen (Tylenol)
  - Ibuprofen (Motrin, Advil)
  - Naproxen (Naprosyn, Naprelan, Anaprox, Aleve)
  - Aspirin
  - Other

- Patient was educated about the risks of opioid dependence & addiction
**Postoperative Pain Management**

**Technique used (Check all that apply)***

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**Dosage in Milligrams**

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**Patient was educated about the risks of opioid dependence & addiction**
Patient Reported Outcome Question (for 30 Day Patient Survey)

How many tablets of prescription opioid pain medication did you take after hernia surgery?

- 0
- 1-2
- 3-4
- 5-10
- 11-15
- 16 - 30
- ≥30
New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults

Chad M. Brummett, MD\textsuperscript{1,2}; Jennifer F. Waljee, MD, MPH, MS\textsuperscript{2,3}; Jenna Goesling, PhD\textsuperscript{1}; et al;
Stephanie Moser, PhD\textsuperscript{1}; Paul Lin, MS\textsuperscript{2}; Michael J. Englesbe, MD\textsuperscript{2,3}; Amy S. B. Bohnert, PhD, MHS\textsuperscript{2,4,5,6}; Sachin Kheterpal, MD, MBA\textsuperscript{1,2}; Brahmajee K. Nallamothu, MD, MPH\textsuperscript{2,6,7}

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