ACUTE CARE OPIOID SAFETY AND DIVERSION PREVENTION ROUNDTABLE

SUMMARY OF PROCEEDINGS

MARCH 7, 2017 // WASHINGTON, DC

Background

The Collaborative for Effective Prescription Opioid Policies (CEPOP) and BD identified prescription opioid safety and diversion prevention in the acute care setting as an area of focus within a broader, comprehensive response to the opioid abuse epidemic in America. To develop a deeper understanding of the issue and potential solutions, CEPOP and BD convened an array of stakeholders with experience from the clinical and governmental perspectives in a structured, full-day dialogue. Each participant was asked to review published literature, media coverage, and policy precedent in advance of the meeting to enhance their professional insights.

The goals of the Roundtable were to:

- Facilitate an open exchange on challenges for ensuring a secure supply chain for prescription opioids from patient intake to discharge;
- Increase understanding of current efforts among public and private sector stakeholders to address this area of health care delivery risk; and
- Identify areas of need, best practice, and potential policy action that could be areas of focus for a sustained initiative.

The Roundtable agenda is contained in Attachment A and the list of participants in Attachment B. The balance of this document summarizes the findings brought forward through this program.

Addressing the Challenge – Identification of Gaps, Needs and Opportunities

Following the presentations, Roundtable participants completed an Issue Identification Matrix (Attachment C), which broke down the internal and external drivers to address the challenge across five main categories: (1) education and awareness; (2) policy and procedures; (3) workforce safety and wellness; (4) technology; and (5) other.

Next, the participants captured several key takeaways including:

- Addressing the issue of safe opioid use and diversion prevention within a hospital system is a multidisciplinary effort that requires participation from healthcare providers, human resources, law enforcement, unions, corporate compliance and other players within the healthcare system;
- CMS and the Joint Commission have critical "levers" to increase health system focus on diversion;
- There are two different "types" of diversion – those who divert for personal use and those who divert controlled substances in bulk for profit;
- Guidelines and standards must be set to ensure healthcare providers have the appropriate education and resources to ensure a safe drug supply and to avoid and prevent diversion;
- *"See something, say something"* – There should not be a fear of retribution for colleagues within a healthcare setting for reporting potential abuse or diversion;
- All hospitals, regardless of size, should have protocol in place to ensure safe supply chain for opioid medications, although many of the smaller hospitals may not have the ability to staff and fully implement these processes. These processes should be centralized within the institution for which actionable information can be dispersed to individuals who will be able to act accordingly;
- There is a need to compile existing and develop potential resources to help address the issue of diversion in the acute care setting without exacting an additional burden on patients or providers;
- Organizations responsible for automatic dispensing machines (ADMs) should work with healthcare providers and facilities on setting standards, protocols and default settings for the distribution and reporting mechanisms (ADM should provide streamlined reports that allow for healthcare facilities to more easily understand the data behind controlled substance prescribing and administration); and
- Collaboration is key, especially in the instance of implementing sound policies that incorporates outreach and input from all relevant partners within the healthcare 'supply chain'.

Conclusion

The Roundtable vividly illustrated the value of a collaborative approach to confronting opioid diversion in the nation's hospitals. It also provided several building blocks for a coordinated response that engage an expanding set of private and public sector stakeholders. To pursue these objectives, CEPOP and BD will leverage the initial work to promote best practice development and dissemination, as well as advancing supportive policy change.

ATTCHMENT A

ROUNDTABLE ON ACUTE CARE OPIOID SAFETY AND DIVERSION PREVENTION

March 7, 2017

AGENDA

Welcome, Introductions, & Opening Remarks..... *9:00am – 10:00am*

- The Opioid Epidemic: Sara Patterson, *Associate Director for Policy, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*
- A Payer Perspective: Lemeneh Tefera MD, *Medical Officer & Policy Advisor, Center for Clinical Standards and Quality, CMS*

Framing the Challenge: Abuse and Diversion in the Acute Care Setting..... *10:00am – 10:30am*

- Chris Fortier, *Chief Pharmacy Officer, Massachusetts General Hospital*

State Government Response..... *10:30am – 11:00am*

- John Gadea, R.Ph., *Former Director, Drug Control Division, Connecticut Dept. of Consumer Protection*

Q & A and Discussion *11:00am – 11:30am*

Reactions from a Provider Perspective ..... *12:00pm – 1:00pm*

- Perry Flowers, MS, RPh, *VP of Acute Care and Infusion Pharmacy Program, Kaiser Permanente*
- Debbie Simonson, PharmD, *VP of Pharmacy Services, Ochsner Health System*

Addressing the Challenge – Identification of Gaps, Needs, and Opportunities..... *1:00pm – 2:00pm*

Discussion of Next Steps..... *2:15pm – 3:00pm*

ATTACHMENT B

Participants

- Jason Adelman, *National Patient Safety Foundation*
- David Baker, *The Joint Commission*
- John Burke, *International Health Facility Diversion Association*
- Michael Cohen, *Institute for Safe Medication Practices*
- Chris Fortier, *Massachusetts General Hospital*
- John Gadea, *Retired, Drug Control Division, Connecticut Department of Consumer Protection*
- Rich Hamburg, *Trust for America's Health*
- Christina Michalek, *Institute for Safe Medication Practices*
- Deb Pasko, *American Society of Health-System Pharmacists*
- Perry Flowers, *Kaiser Permanente*
- Debbie Simonson, *Ochsner Health System*

Federal Agency Participants

- Sarah Patterson, *Centers for Disease Control and Prevention*
- Lemeneh Tefera, *Centers for Medicare and Medicaid Services*

BD Representatives

- Jennifer Luray, *Public Policy and Government Relations*
- David Swenson, *Clinical Strategy and Medical Affairs*

CEPOP Representatives

- Matthew Rubin, *Faegre Baker Daniels Consulting*
- David Zook, *Faegre Baker Daniels Consulting*

ATTACHMENT C

The Issue Identification Matrix

	Education & Awareness	Policy & Procedures	Workforce Safety & Wellness	Technology	Other
INTERNAL	• Training on signs and symptoms • In-service for nursing • Speak Up. • Partnering with labor unions.	• Requiring data use and review. • Mandatory reporting and actions • Audit practices • Leadership Teams • Defining best practices. • Safe RX disposal • What constitutes "significant loss"?	• Drug testing? • Utilization of Corporate compliance as a lever to enforce policy. • Adequate and anonymous tip-lines or whistleblower • Support for individuals post-rehab?	• Internal interoperability	• Data transparency
EXTERNAL	• ASHP Guidelines • Outreach and partnering with state and local law enforcement • State regulatory and pharmacy boards • NABP's Opioid Taskforce • Grants for public awareness. • SAMHSA/Cures or CDC funding • Safe RX disposal • Raising awareness and availability of recovery or rehab programs. • Characterization of problem in patient safety terms – lack of data. Raise issue first, data to follow. • Under-treatment is a patient safety problem.	• Mandatory reporting and actions. • DEA guidance on "significant loss" • Defining best practices (gauging by hospital size). • Nurse and anesthesia engagement. • *Good* anesthesia audits? • *Follows state law and regulations.* • Safe RX disposal • State versus DEA licensing (clinician versus location centric).	• Characterization of problem in patient safety terms – lack of data.	• PDMP Integration & interoperability • Advanced analytics (pain scores vs. dose; orders, withdraws & administration) • Default ADM settings; optimizing technology • Push EMRs to offer solutions • Manual processes to automation.	• Liability Insurance?