

Quick Guide:

Steps Hospital Administrators and Physicians Can Take to Fight the Opioid Epidemic

Alleviating pain has made opioids a mainstay in treatment, but what steps can emergency medicine providers take to turn the tide of the national opioid crisis?



✓ CHANGE TREATMENT HABITS IN YOUR HOSPITAL'S EMERGENCY DEPARTMENT (ED)

Enforce hospital regulations that require providers make a concerted effort to change their habits regarding what medications to use when treating pain in the ED.

"For many doctors, it's a common reaction to order dilaudid or morphine without even considering alternatives," explains Patrick Zelle, M.D., ABEM, a practicing physician and Regional Medical Officer with Schumacher Clinical Partners (SCP). "It has become a habit for many physicians, and that's what we need to overcome now."

It is recommended that ED physicians not rely on the established status quo when treating pain, but look for other options.

If the severity of pain is such that a narcotic is appropriate during ED care, then reasonable dosing is justifiable. It is important, however, to think about alternatives to narcotics when ordering medications.

✓ PRESCRIBE ALTERNATIVE MEDICATIONS WHEN POSSIBLE

There is a key distinction between the drugs used in treating patients while they are in the ED and the drugs that providers prescribe when sending them home.

The 2016 CDC guidelines for prescribing opioids for chronic pain state a preference for non-opioid therapy along with the need to assess whether the benefits of chronic opioid therapy regarding managing pain and function outweigh the risk. Remember to prescribe carefully, i.e. with chronic problems such as headaches, back, or joint pain, it's wise to look for alternatives, such as steroids, NSAIDs, and muscle relaxers. These medications, in many cases, serve to eliminate the cause of pain instead of just masking it like narcotics often do. It is not unreasonable for physicians to prescribe a narcotic when warranted but physicians should consider the following when doing so:

- Be thoughtful regarding the medications prescribed. Stronger painkillers like morphine pills and hydrocodone could be more addictive than alternatives like Tylenol 3. The least potent medication required should be prescribed in order to make a narcotic prescription appropriate.

“ Partnering with local communities, leaders, and patients to positively impact this national crisis goes hand-in-hand with our professional responsibility as clinicians. As trusted specialists, we practice medicine at a critical juncture in the healthcare system. We simply must seize the opportunity to make a difference in this crisis. ”

Dr. Randy Pilgrim, SCP Enterprise
Chief Medical Officer



- Use a lower dosage when possible. For example, consider a 5mg pill instead of a 10mg pill. Dr. Zelley says that using a lower strength medicine may decrease the risk of addiction to pain medications and will also lower the severity of dangerous side effects.
- Reduce the amount of medication. It's recommended that doctors heed the CDC guidelines for acute pain by prescribing the smallest number of pills necessary for appropriate care. These scripts would preferably provide no more than three day's worth of therapy.
- If you do prescribe an opioid, explain to the patient the risks of opioid use and the reason the drug is necessary.
- Providers should also be aware of and follow their state laws and medical board recommendations with regards to opioid prescriptions.

✓ COMMUNICATE REASONS FOR PRESCRIBING ALTERNATIVES

Concerns about patient satisfaction have potentially played a part in a doctor's willingness to write narcotic prescriptions over the years. Doctors should feel confident about limiting the delivery of narcotics to patients. One of the most important components of providing the appropriate care is establishing good communication with the patient.

Providers should take time to communicate with the patient regarding why they're doing this. They should explain their reasoning by discussing the dangers associated with opioid use and that they are trying to do what is safe. This is essential to addressing patients' expectations and increasing their understanding about the treatment provided.

It is not uncommon for patients to express an understanding of this decision-making process. Even if they do not agree with the doctor, the patient often becomes less demanding as a result of respectful communication.

✓ KEY BEST PRACTICE GUIDELINES TO REMEMBER WHEN DEALING WITH OPIOIDS:

- Prescribe carefully
- Don't refill lost prescriptions
- Don't treat chronic pain with opiates
- Use low doses and short courses
- Identify high-risk groups
- Counsel patients
- Set up a "pain" committee to help with alternative methods

✓ OTHER RESOURCES FOR ASSISTING IN BUILDING YOUR HOSPITAL'S OPIOID ACTION PLAN:

- [CMS Opioid Roadmap](#) and [ACEP best practices recommendations](#) for opioid prescribing
- "ALTO" — the [Alternatives to Opiates Program](#) founded by St. Joseph's Healthcare network — offering alternative pain strategies to opioids for patients and other education and addiction treatment resources.

[Learn more](#) about what SCP is doing to combat the opioid epidemic.