

E-QUAL EMERGENCY QUALITY NETWORK

Opioid Initiative Wave I

ALTO – The Colorado Experience



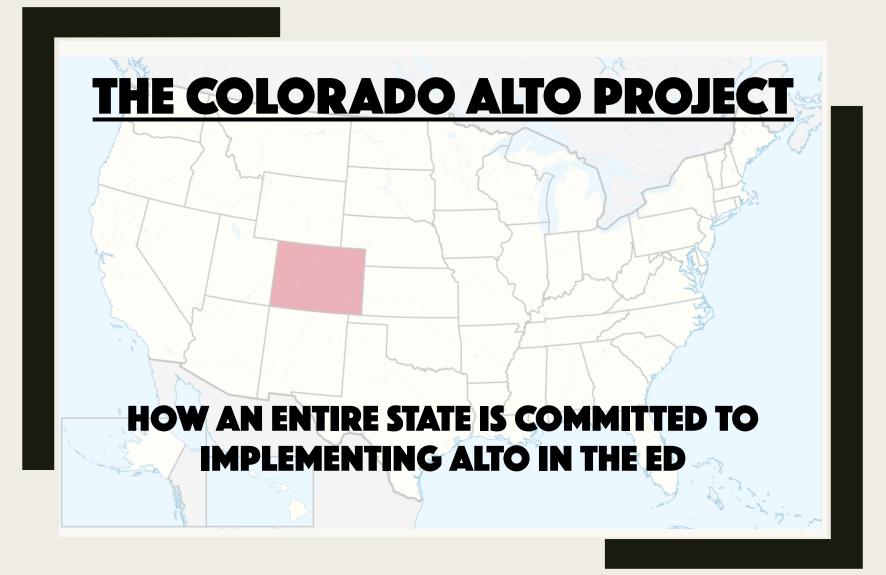




Presenter



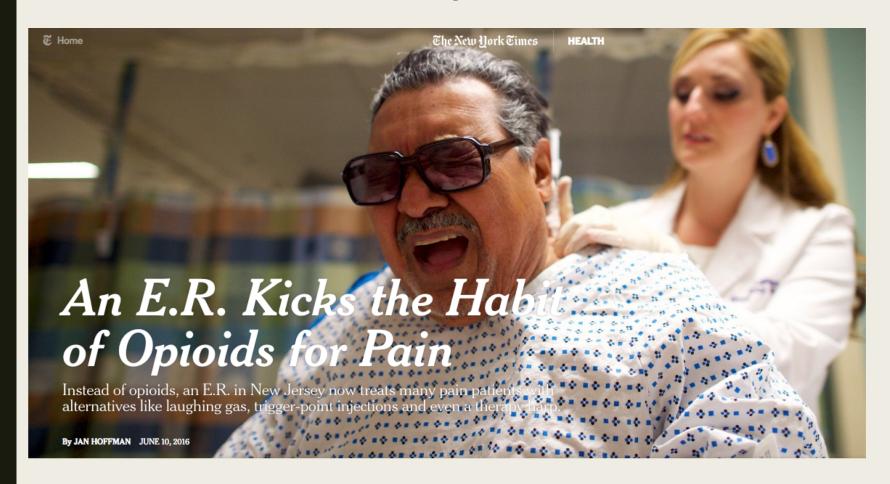
Donald Stader, MD



NO CONFLICTS OF INTERESTS TO DISCLOSE NO RELEVANT FINANCIAL DISCLOSURES

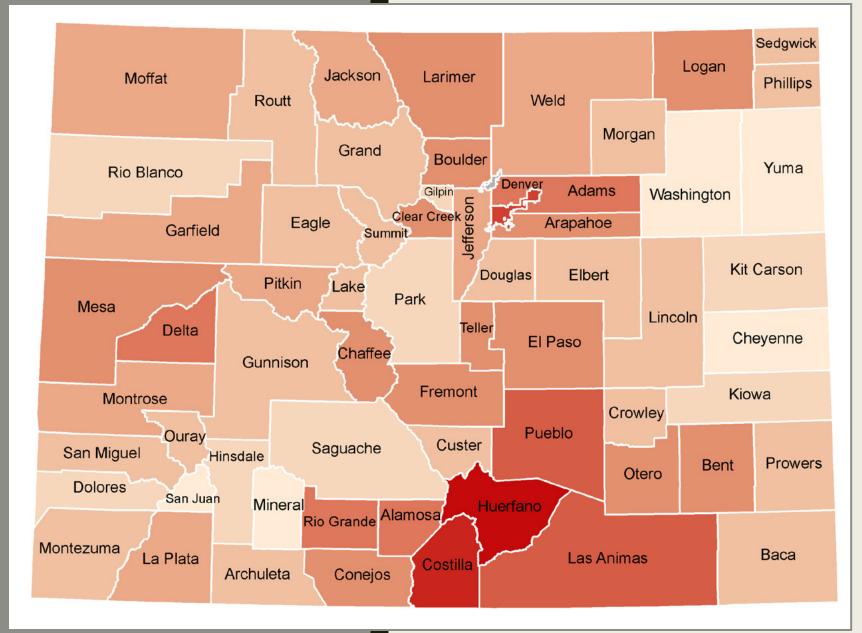
DONALD STADER MD, FACEP
EDITOR-IN-CHIEF. COACEP 2017 OPIOID PRESCRIBING AND TREATMENT
GUIDELINES
SENIOR PAIN MANAGEMENT & OPIOID POLICY ADVISOR, COLORADO
HOSPITAL ASSOCIATION

Thank you to Drs. Alexis LaPietra & Mark Rosenberg from St. Joseph's

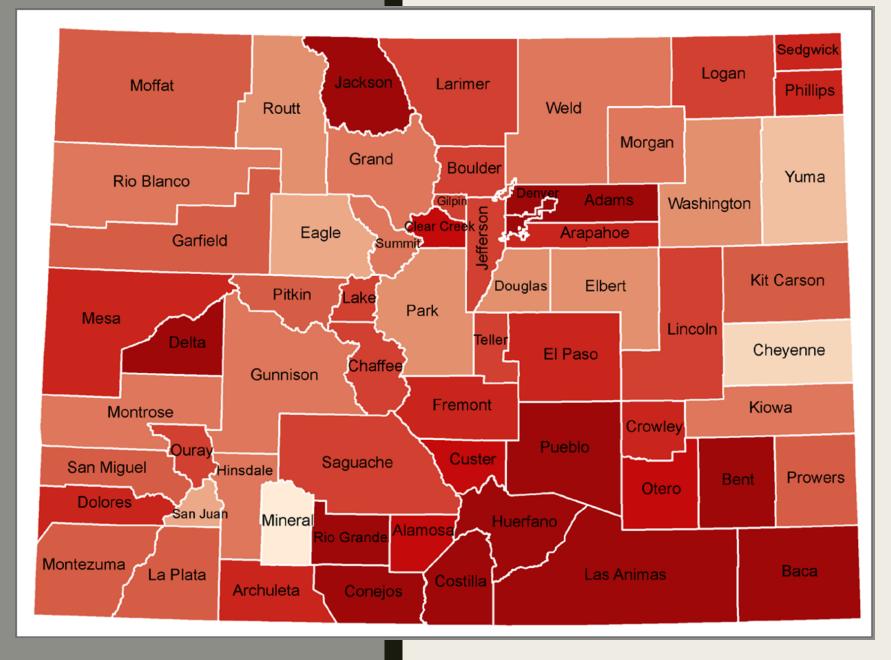


Thanks to Colorado Hospital Association





Colorado Counties overdose death rates: 2002



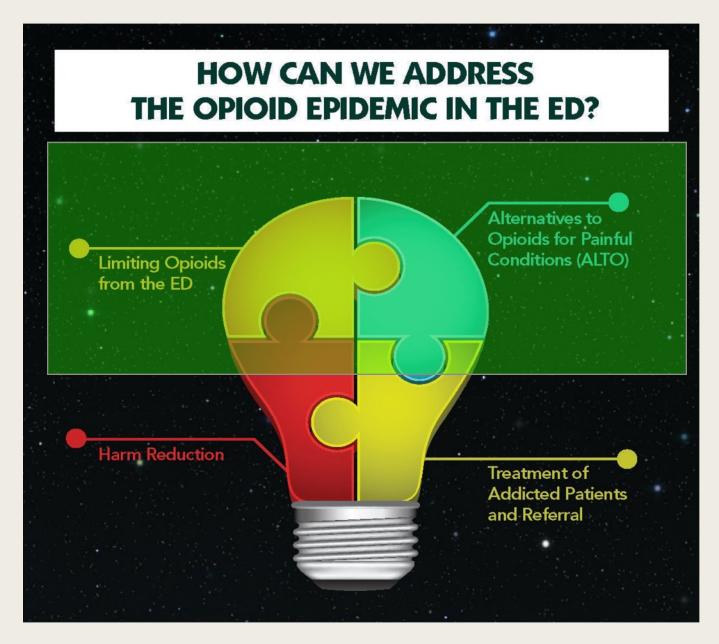
Colorado Counties - overdose death rates 2014

COLORADO'S RESPONSE



https://coacep.org/docs/COACEP_Opioid_Guidelines-Final.pdf

4 Pillars of Care



Alternatives to Opioids – COACEP Guidance

- 1. Support use of non-opioid medications as first line therapy
- 2. Use opioids as second line treatment or rescue therapy
- 3. Multimodal and holistic approach to pain management
- 4. Provide pathways for common ED pain presentations:

kidney stones

low back pain

fractures

headache

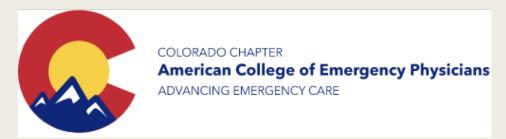
chronic abdominal pain



IT TAKES A TEAM: The Colorado Opioid Safety Collaborative











Colorado Opioid Safety Pilot

Opioids Used

Total administration (in MEUs)/1,000 ED visits

Total number of treated pain visits/1,000 ED visits

ALTOs Used

Total administrations/ 1,000 ED visits

Total number of treated pain visits/1,000 ED visits

ED HCAHPS Responses

How well was your pain controlled?

Would you recommend this ED?

ALTO Pilot Participating Hospital Characteristics

1. Hospital type:

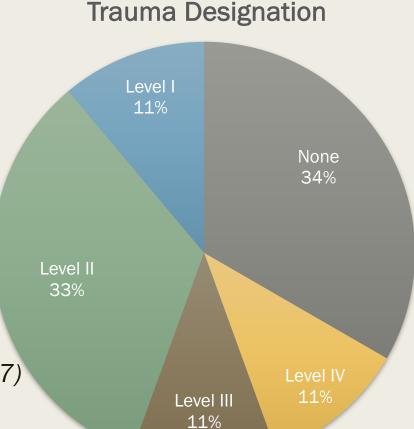
- 2 critical access
- 2 freestanding EDs
- 6 acute care hospital EDs

2. Location:

- 7 urban
- 3 rural

3. Annual ED visit range:

- 4,164 -59,753 (median = 26,297)
- 4. Licensed beds range:
 - 0 408 (median = 169)



Overall Results from 6 Month Pilot

in opioid administration

Measured in MEUs/1,000 ED visits across all 10 EDs

2017 vs. 2016

36%1 31%1 35,000

in ALTO administration

fewer opioid administrations 2016 vs 2016 over the 6 month pilot

Overall Results – by Site

Percent Change from Baseline in MEUs per 1,000 ED Visits



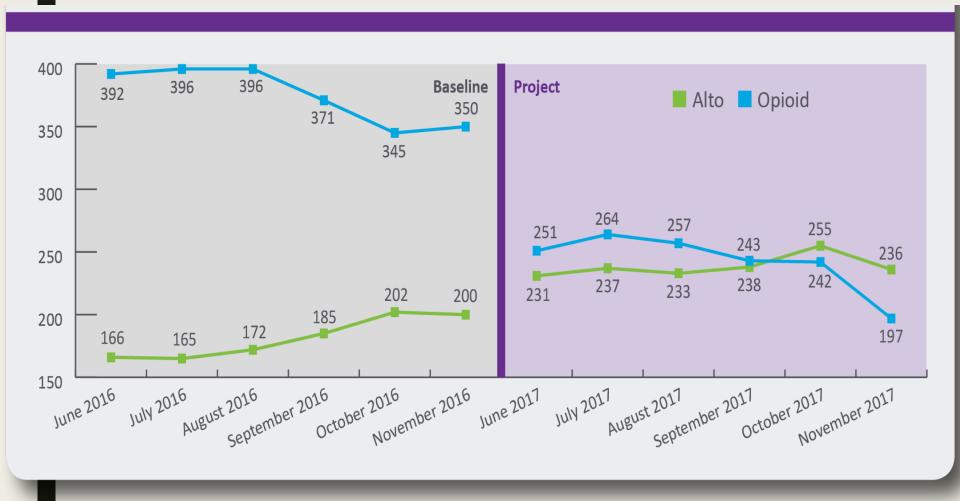
Overall Results

Average Morphine Equivalent Units per ED Visit

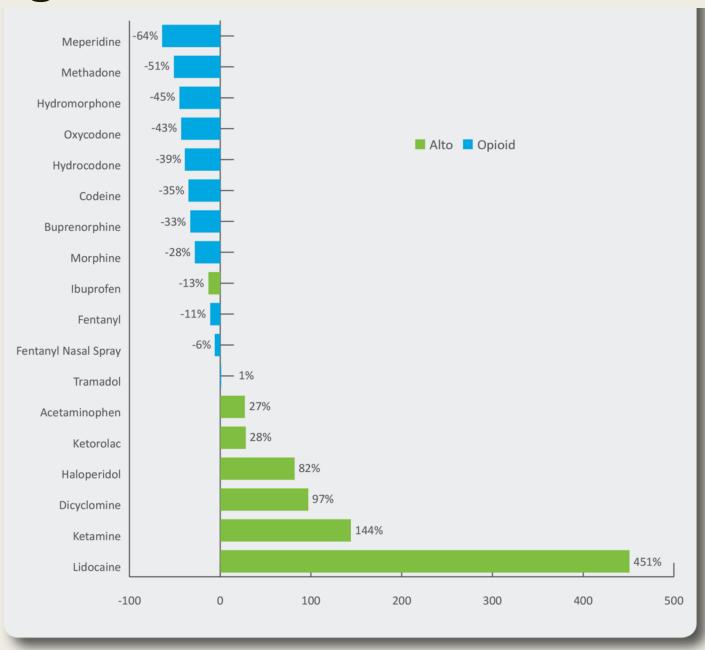


* Reductions in MEUs/visit decreased throughout the pilot period

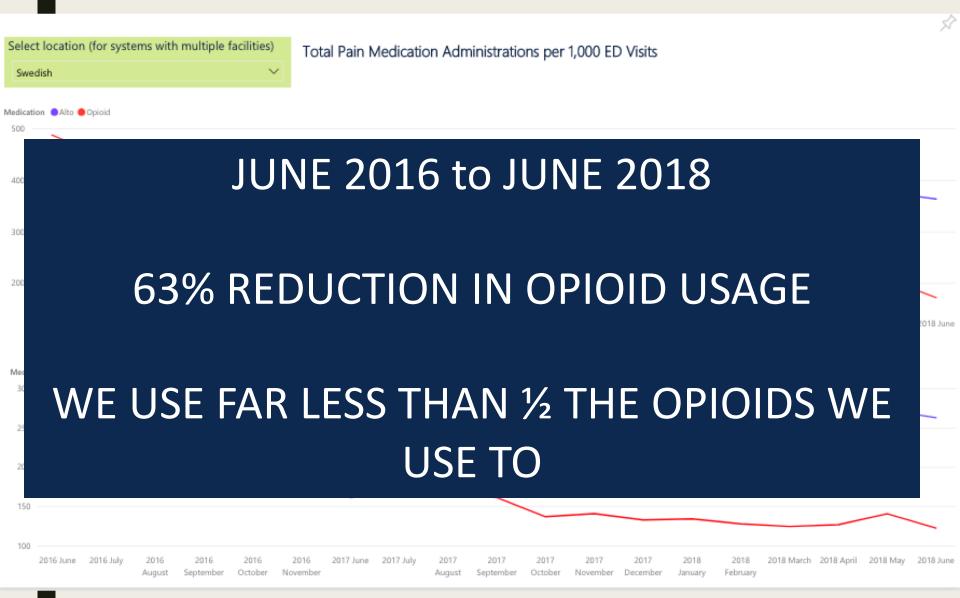
ALTO vs. Opioid Use Over Time



Change in Medication Administration



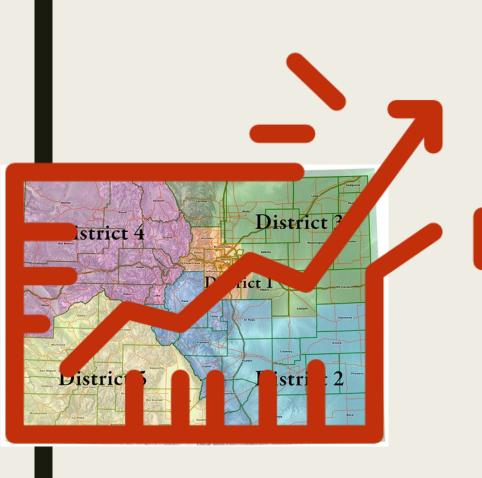
WHAT HAPPENED WHEN THE PILOT STOPPED?



2018 - Colorado ALTO Project



HOW TO YOU MAKE IT SCALABLE?



- 1. Engage stake holders at all levels
- 2. Provide Education in Person as Much as Possible...go to the hospitals & clinicians.
 - Over 7 regional & systems trainings in 2018...likely more
- 3. Make it easy to implement for hospitals and health systems
 - Check lists
 - Communication plans
 - Common barriers / solutions
- Make Education Available Online with a central resource hub: <u>www.cha.com/alto</u>
- 5. Be available and easy to contact

Updates

- 1. Hundreds of clinicians trained.
- 2. 61 Emergency Departments in process of implementation
- 3. Multiple trainings planed for rest of 2018
- 4. Other states have adopted our COACEP Guidelines & CHA Training materials and plan to implement through their states.
- 5. Federal Bill had passed House. Awaiting Senate Approval. H.R. 5197.

 "Alternatives to Opioids (ALTO) in the Emergency Department Act"





Thank you & please feel free to contact me if any questions.

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For More Information

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