

OPITIDS

Tolerance

Dependence

Addiction

80%

OPIOIDS

NEW YORK POST 25 CENTS
LATE CITY EDITION

Heath Ledger ODs on pills

DEATH IN SOHO

The University of Arizona Health Sciences

"From 1999 to 2014, over 165,000 people died from overdose related to opioid pain medication in the U.S" - cdc.gov

BREAKING NEWS
PRINCE DIED OF SELF-ADMINISTERED OPIOID OD

1:46 PM CT

SON CLAYTON GAVE NATIONAL SECURITY SPOON

CNN

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NHS accused of fuelling rise in opioid addiction

By David Rhodes
BBC News

© 12 March 2015

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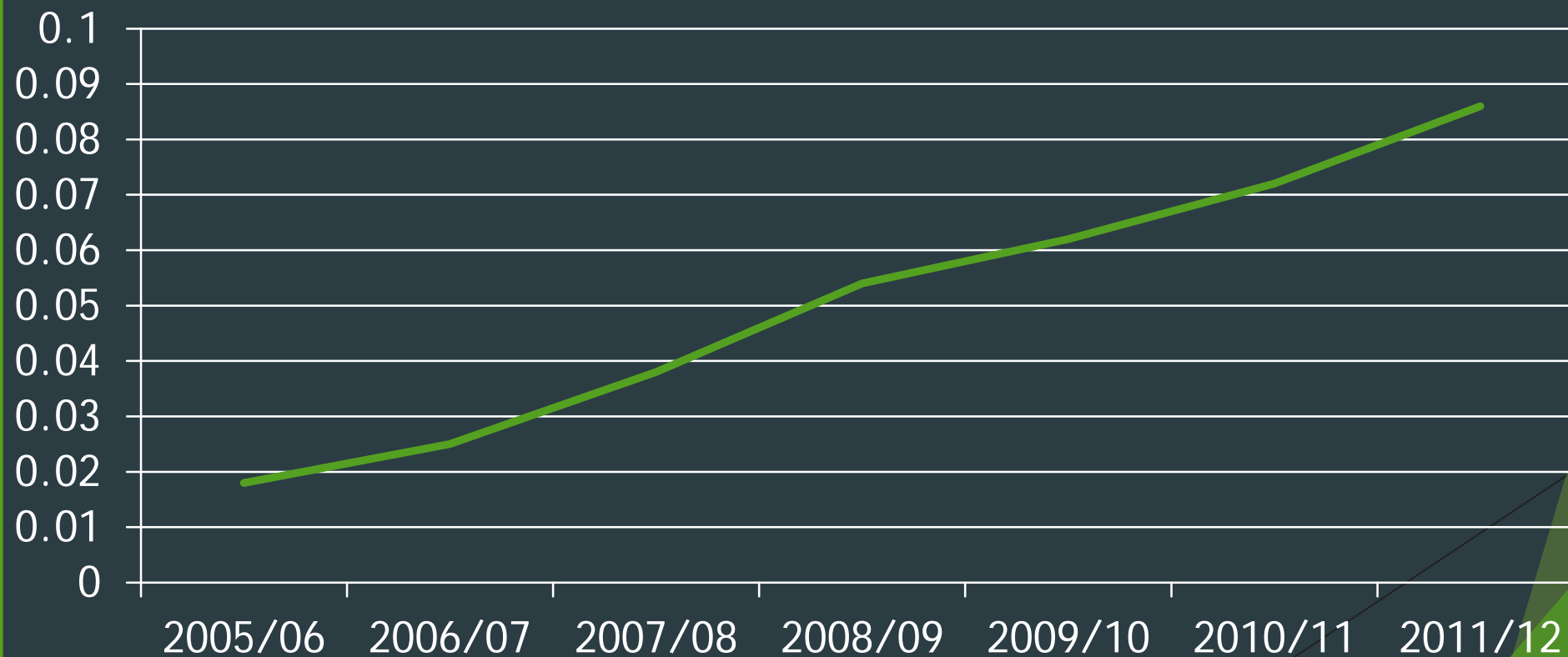
Are you addicted to painkillers

Stephanie Zinner

Last year, British adults spent a staggering £277 million on over-the-counter oral painkillers, an increase of nearly 15 pc on the previous year. It's believed that as many as 30,000 British adults may be at risk from the misuse or abuse of these painkillers, often because they do not realise how dangerous these 'every day' medicines can be.

OPTIODS

Rate of prescription per patient count per year



Experiences of reducing opioid prescribing in UK primary care using enhanced feedback

Dr Sarah Alderson, University of Leeds

Email: s.l.Alderson@leeds.ac.uk

Twitter: @Dr_SarahA

- ▶ Dr Tom Willis, Dr Tracey Farragher, Mr Paul Carder, Prof Robbie Foy
- ▶ This research was supported by the Academy of Medical Sciences, The Wellcome Trust, Medical Research Council, British Heart Foundation, Arthritis Research UK, the Royal College of Physicians and Diabetes UK [Grant No SGL017\1033]
- ▶ I would like to acknowledge the West Yorkshire Research and Development team on their help in running the intervention and obtaining the data

Campaign to Reduce Opioid Prescribing controlled interrupted time series analysis





Diabetes control



Blood pressure control



Anticoagulation for irregular heartbeats



Risky Prescribing



What had we learnt?

- ▶ Recruitment
- ▶ Trust
- ▶ Scaling up
- ▶ Detailed EHR searches
- ▶ Connections





CROP

Campaign to Reduce Opioid Prescribing

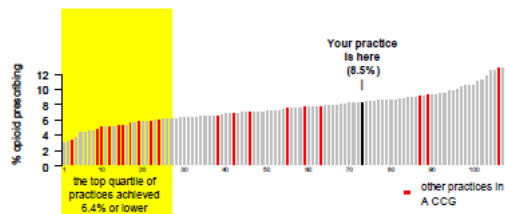
How is your practice doing?

1

Achievement in participating practices across West Yorkshire

The graph below demonstrates:

Your practice (black bar) and percentage of the practice population prescribed opioids (35.4%) in the last 8 weeks; a lower value indicates better clinical practice. The audit data exclude patients with a cancer diagnosis, on the palliative care register or drug addiction diagnosis.



- Achievement throughout West Yorkshire overall (range 3.1 to 13.6%)
- The best achieving practices within West Yorkshire (yellow box – achieving 6.4% or below)
- Other practices within A CCG CCG (red bars)

Your practice achievement on individual indicators:

Risk Factor	Number of patients
Prescribed strong opioids	14
Men aged under 50 years and prescribed strong opioids	2
Patients aged over 75 years and prescribed strong or weak opioid	37
Women aged over 65 years and prescribed strong or weak opioid	53
Polypharmacy (on 10 or more repeat prescriptions) and prescribed strong or weak opioid	93
All mental health diagnoses and prescribed strong or weak opioid	69
Severe mental health diagnoses and prescribed strong or weak opioid	6
Taking antidepressant and a strong or weak opioid	53
Taking benzodiazepines and a strong or weak opioid	35

Report 1 - April 2016 | 1

- ▶ Clinical priority
- ▶ Locally collected data extracted at scale
- ▶ All practices in West Yorkshire (except one!)
- ▶ Bimonthly (ASPIRE format) reports for 1 year

Campaign to Reduce Opioid Prescribing



Can your practice review and reduce opioid prescribing?

Dear Practice Manager and colleagues,

Many doctors and professional bodies are concerned about rising opioid prescribing in general practice. Much of this prescribing is for chronic non-cancer pain, which is often difficult to treat. However, there is little evidence for the effectiveness of opioids in chronic pain but accumulating research indicating that the harms of opioids to patients can outweigh benefits. As well as addiction, prescribed opioids are associated with higher risks of hospitalisation and premature death.

Therefore, we are undertaking a major Campaign for the Reduction of Opioid Prescribing (CROP) across West Yorkshire to reduce opioid prescribing for chronic pain. We recommend that all general practices review and, where clinically appropriate, reduce opioid prescribing. You will receive regular feedback to your practice on your current levels of opioid prescribing. This is the first report for your practice.

We invite you to review your practice's prescribing of opioids and ways of avoiding initiation of long term opioid prescribing.

Please distribute this report to all prescribers within your practice team and identify a time to discuss it at a practice meeting.

The CCG will provide ten copies of this report for your team, if you require more please contact [Name CCG contact email and telephone number]

Yours sincerely,
[Insert names and signatures of leaders of all partner organisations supporting the campaign]

Doctors' prescriptions are killing people, and this is an international problem, with rapid increases in opioid prescriptions in Canada, Australia, Germany, and the UK.

We could blame the marketing of big pharma, but the truth is that these deaths are the responsibility of doctors. We must put it right.
Des Spence, GP. The painful truth: deaths and misuse of prescribed drugs
BMJ 2011; 343 :d7403

Comparators that reinforce desired behaviour

Recommend action consistent with priorities

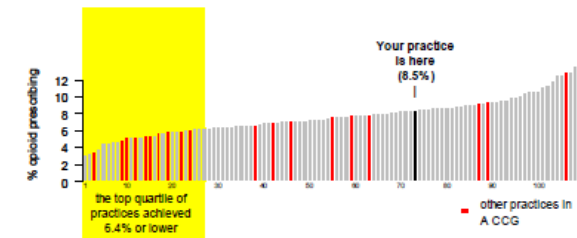
Provided individual rather than general data

How is your practice doing?

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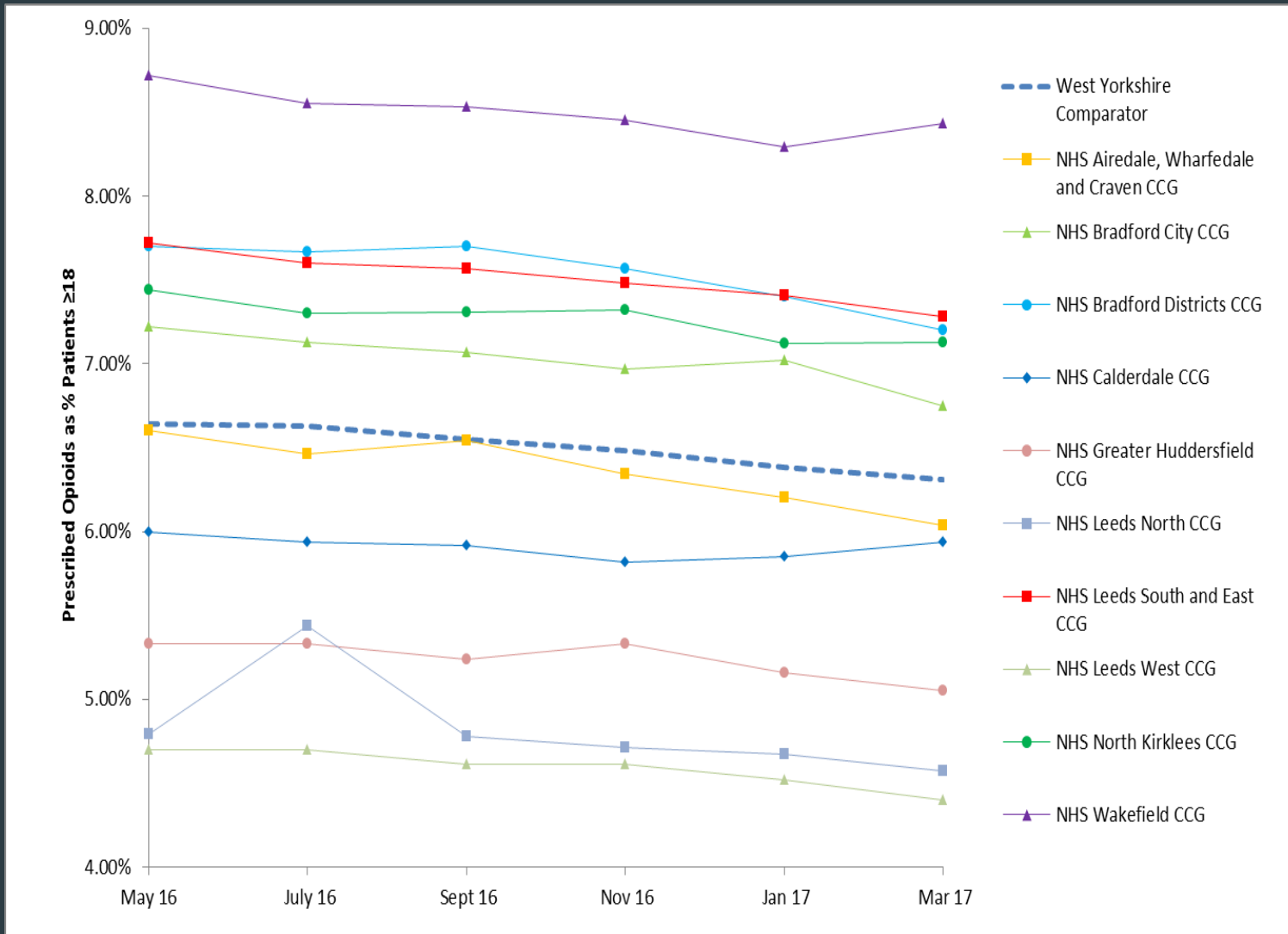


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Campaign to Reduce Opioid Prescribing



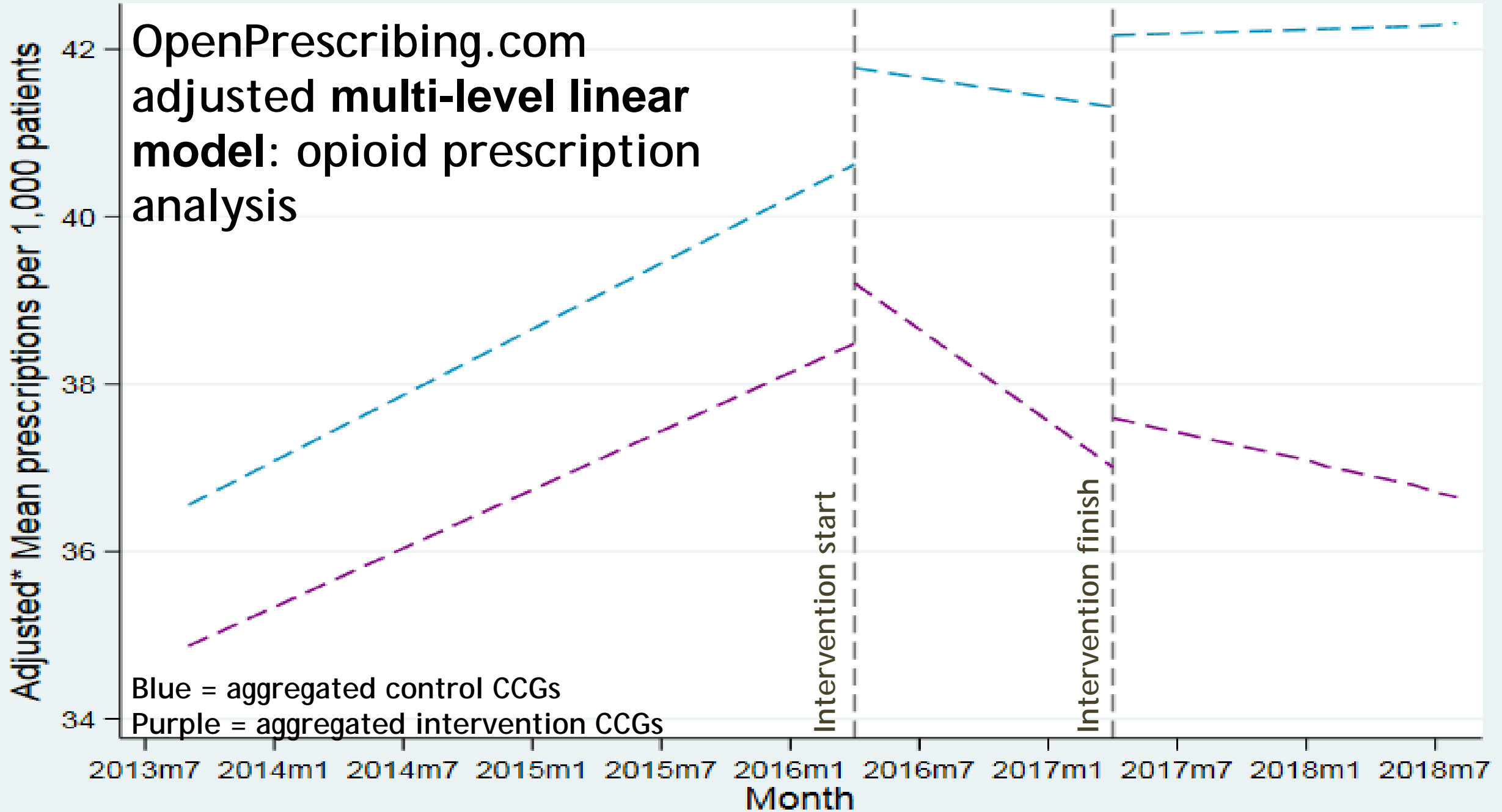
6.64%



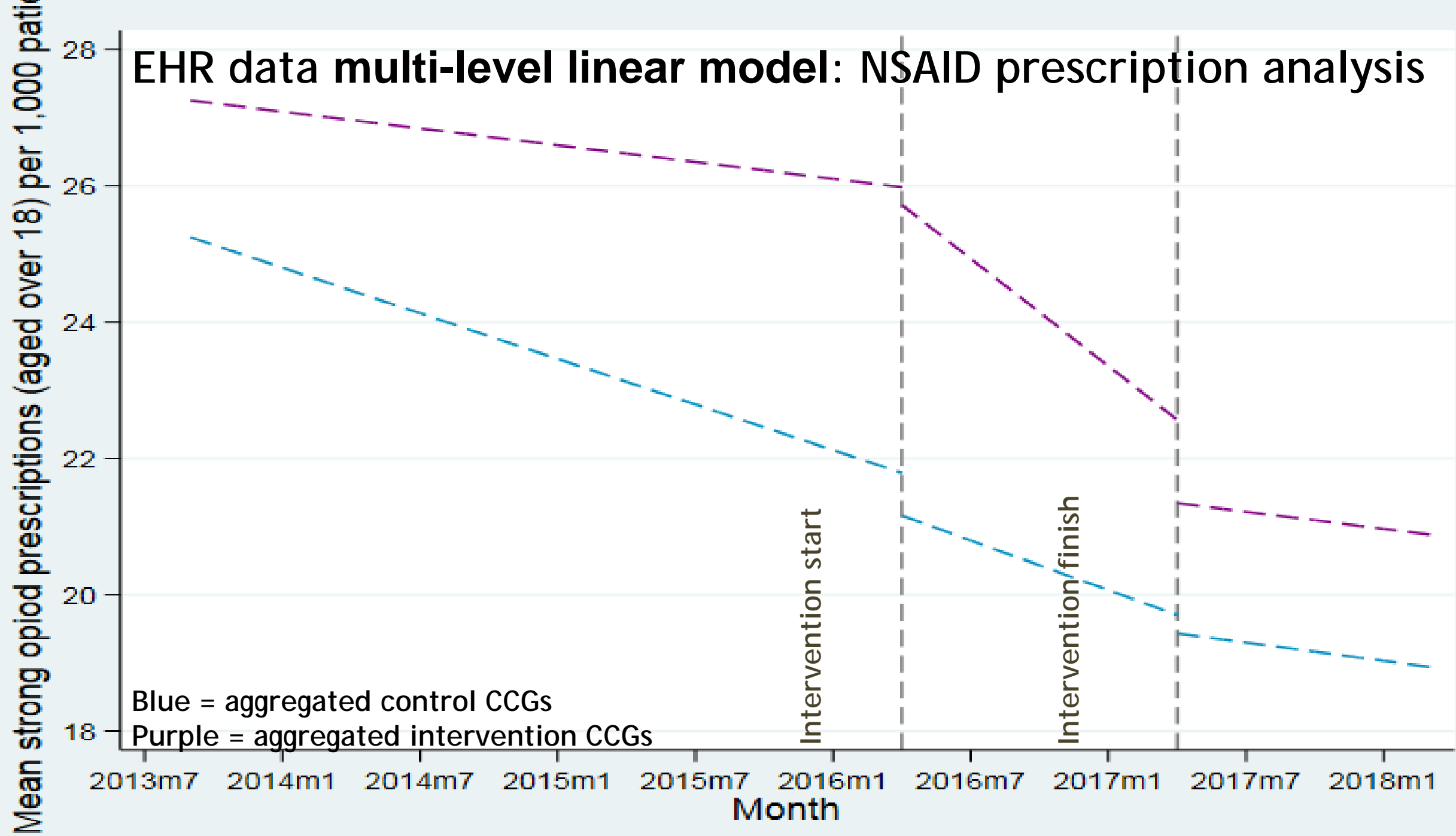
6.31%

7000

OpenPrescribing.com adjusted multi-level linear model: opioid prescription analysis



EHR data multi-level linear model: NSAID prescription analysis



Obtaining data

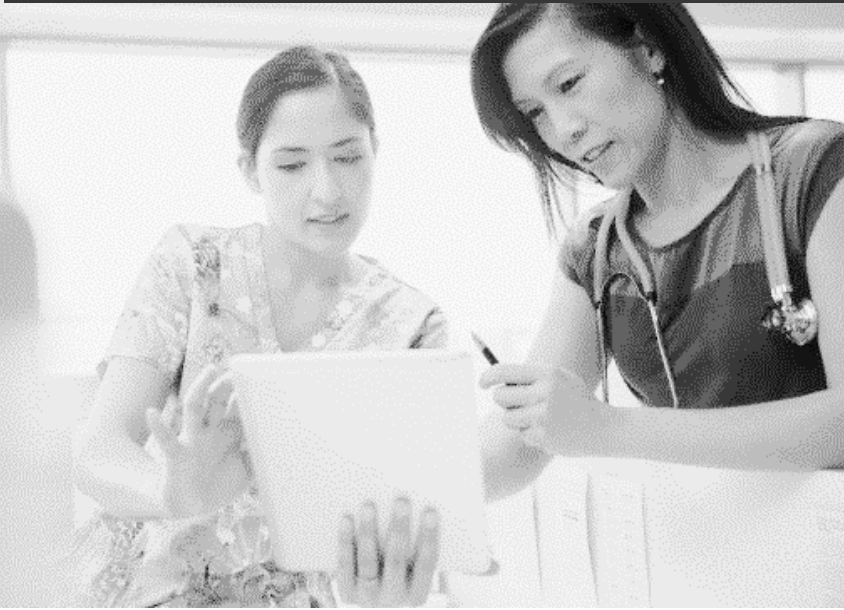


- ▶ National prescribing data available - but includes opioids prescribed in palliative care
- ▶ Practices used to sharing data with CCGs and researchers
- ▶ Not all GPs use the same EHR system
- ▶ Consent to share EHR data added to annual data sharing agreement
- ▶ EHR data able to tailor searches to exclude palliative care patients and identify high risk groups

What did practices do to reduce their opioid prescribing?

- ▶ Searches and alerts
- ▶ No more repeat prescriptions
- ▶ Sent 'opioid aware' leaflets to patients
- ▶ Practice protocol for starting opioids
- ▶ Consistent message from all GPs

STRUCTURE



RISKS



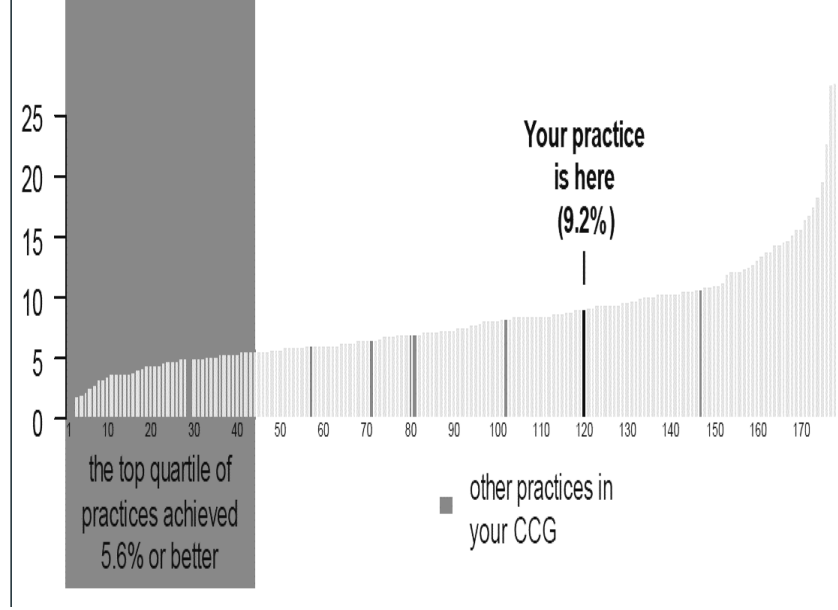
GATEKEEPING



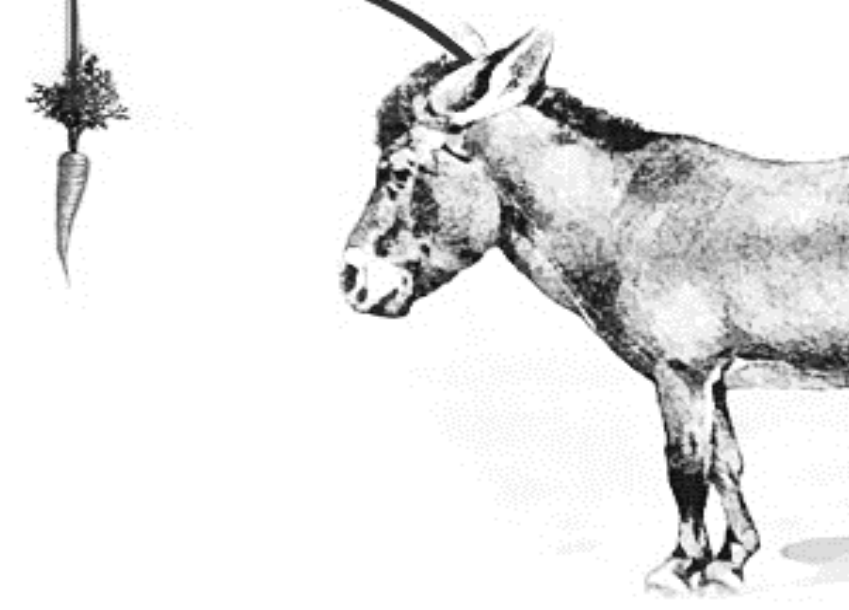
FORMAT



DATA



STYLE



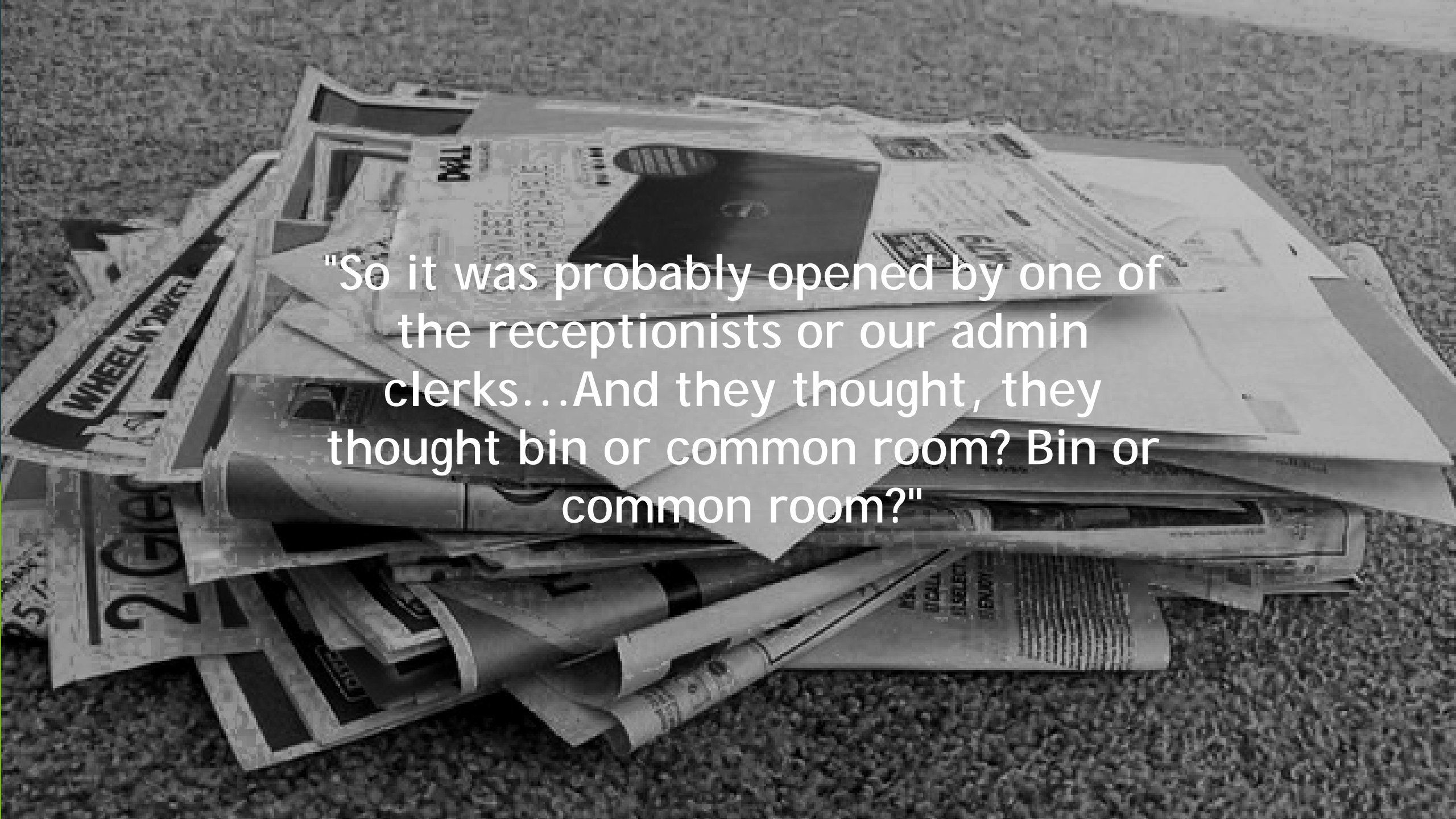
**"So we took all views
and then we tried to
write a policy and
procedure around it
which we did! And
then we brought that
to a clinical meeting"**



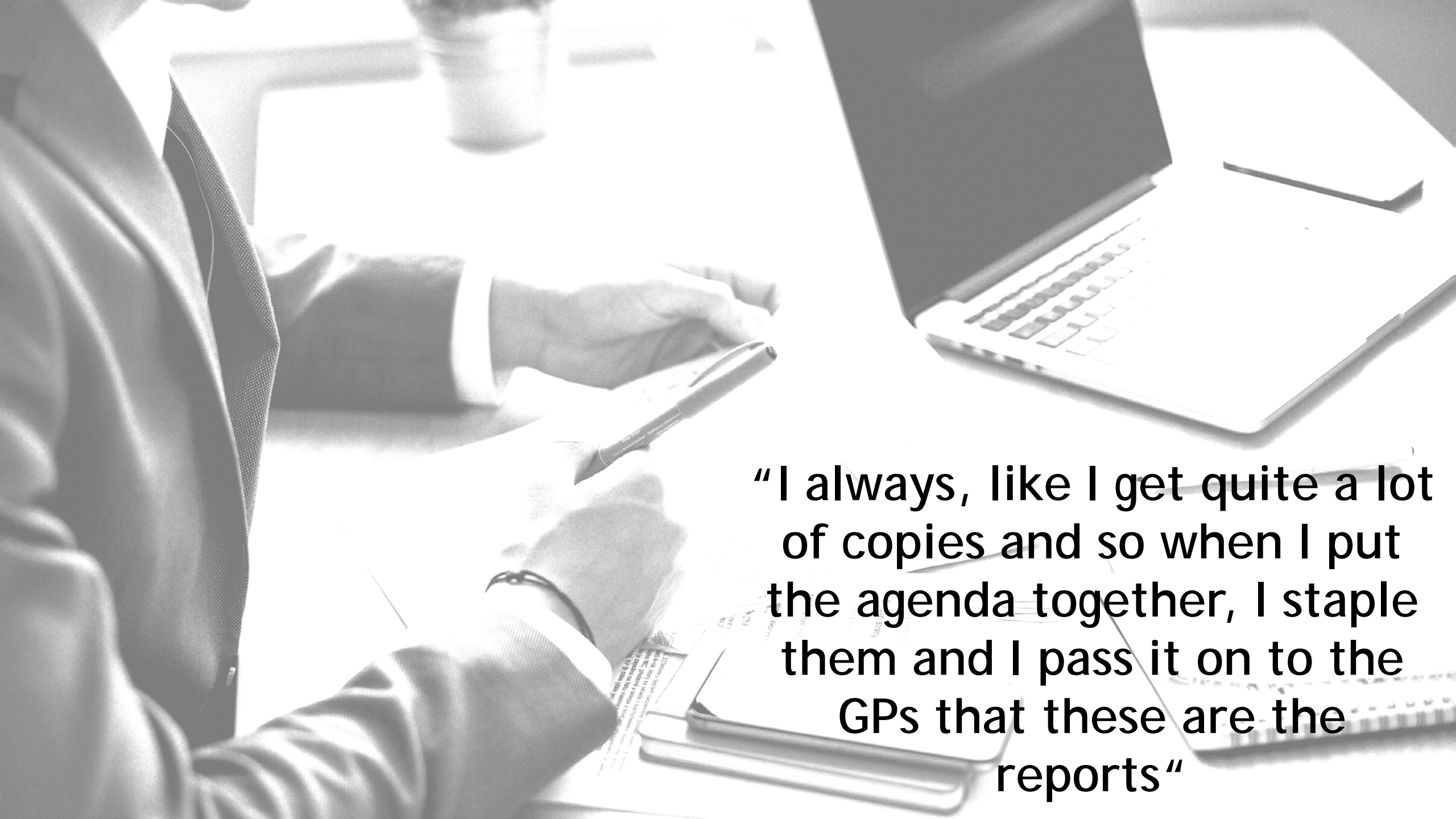


"I think there's barriers about ...
patient satisfaction levels and
what patients want.

Particularly since we are
moving politically from clinical
excellence being recognised as
a key driver to GP practice, to
patient satisfaction."

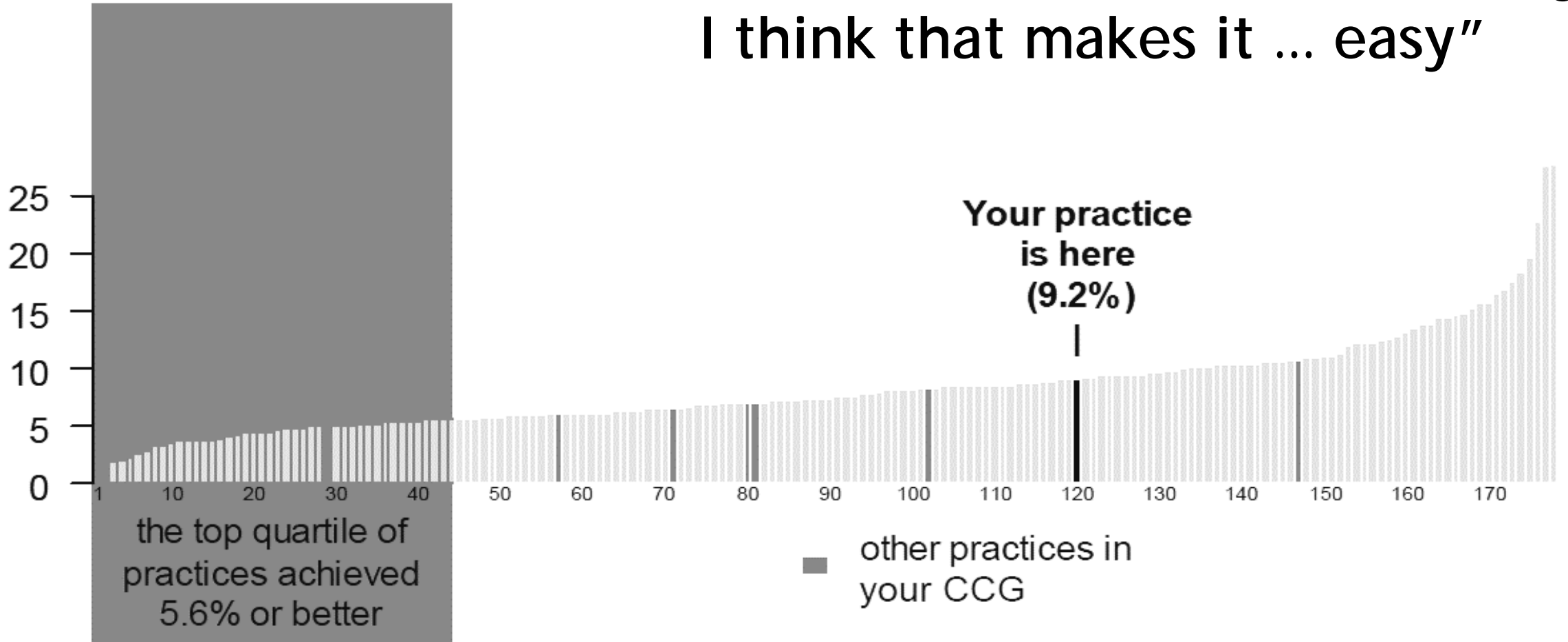


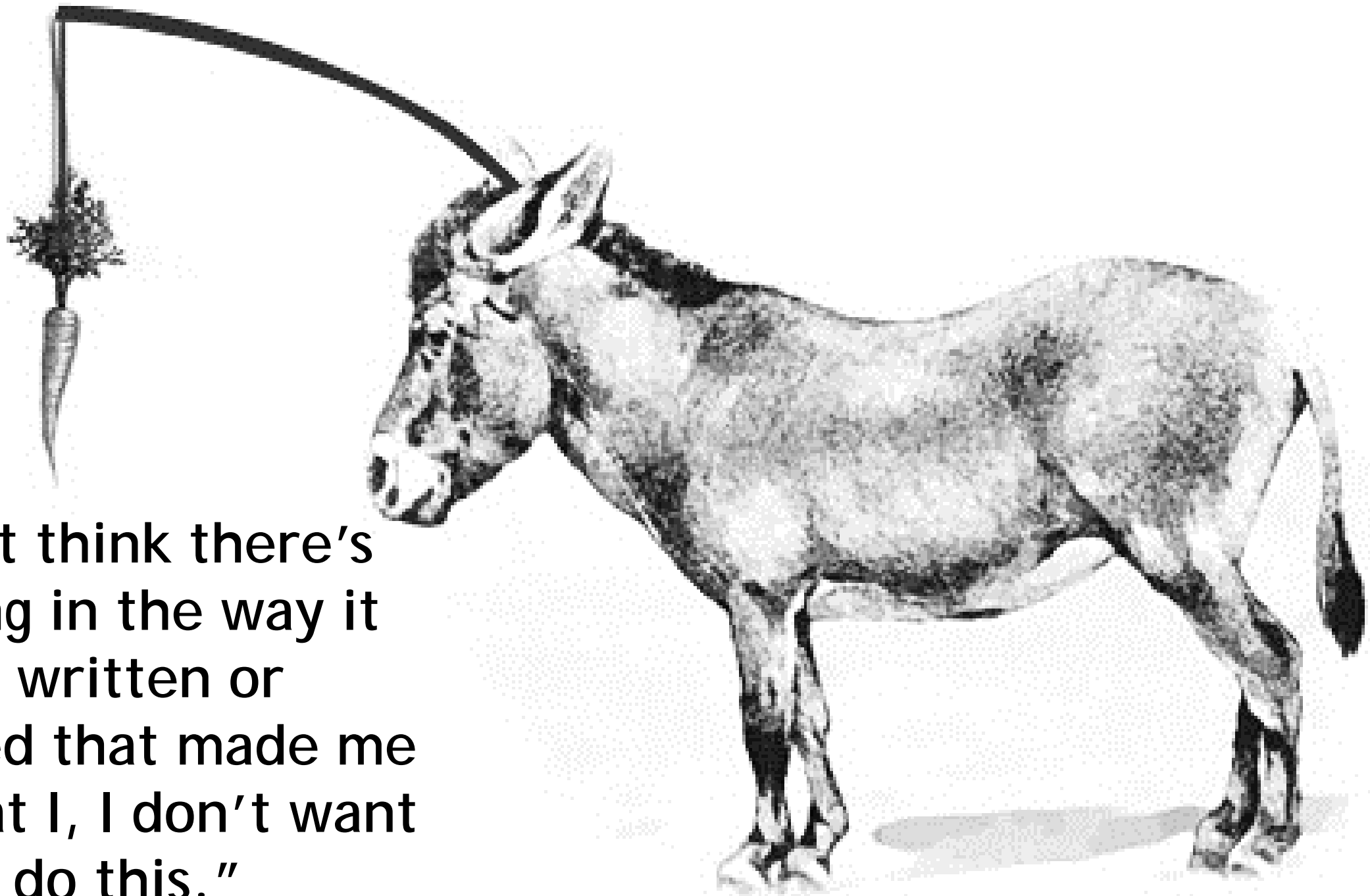
"So it was probably opened by one of the receptionists or our admin clerks...And they thought, they thought bin or common room? Bin or common room?"



“I always, like I get quite a lot of copies and so when I put the agenda together, I staple them and I pass it on to the GPs that these are the reports”

“ [GPs are] so busy with everything I think when you’ve got something so clear, it’s like look! We’re there! Therefore we need to do something. I think that makes it ... easy”





“I don't think there's anything in the way it was written or presented that made me think that I, I don't want to do this.”

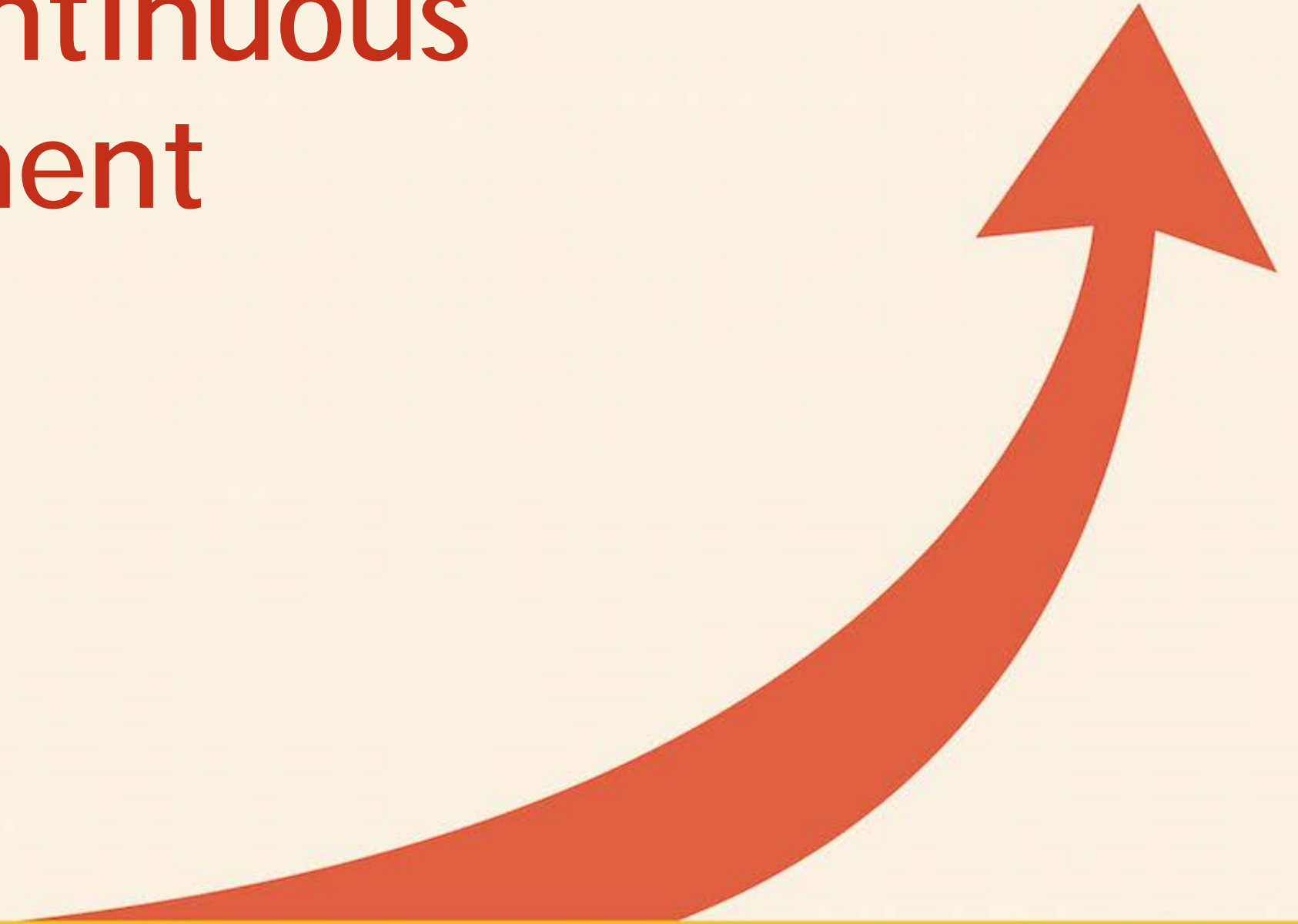
Patient story

- ▶ So and I still remember one lady I was seeing on a weekly basis actually, she was on MST, tramadol, modified release as well as tramadol acute, pregabalin and one more drug. So we sat down and said, "How's life for you?"
- ▶ She had MS and she had really bad phases when she got on these drugs and never, somebody never took her off! And she just got used to them.
- ▶ I said: "You're very stable now, I can't say when you'll relapse again, so if you relapse we don't have any more to give you. You're just looking at a downward spiral here. So if we can, while you're feeling better, if you can gradually take a few things off or reduce them, we've got option to actually use them in the future for, for a relapse, or something."
- ▶ And she thought on it and we started off with just taking off MST, gradually so, very gradual reduction. So I was seeing her regularly, if she relapses or she's very anxious about it. But then as she built up that rapport with me would mean so em... she stopped MST. Stopped! She came back in spring to me and she said
- ▶ "I've come off Tramadol as well!"
- ▶ She had learned the principles and she did it! So I was really impressed.
- ▶ So now a couple of times when she's come to see me, she's said "Look I'm a changed person! I can focus on things! I can ... I want to do stuff. I've got that enthusiasm. Otherwise I was just a blank person!"

What did we do next?



Goal = continuous
improvement



Embedded research





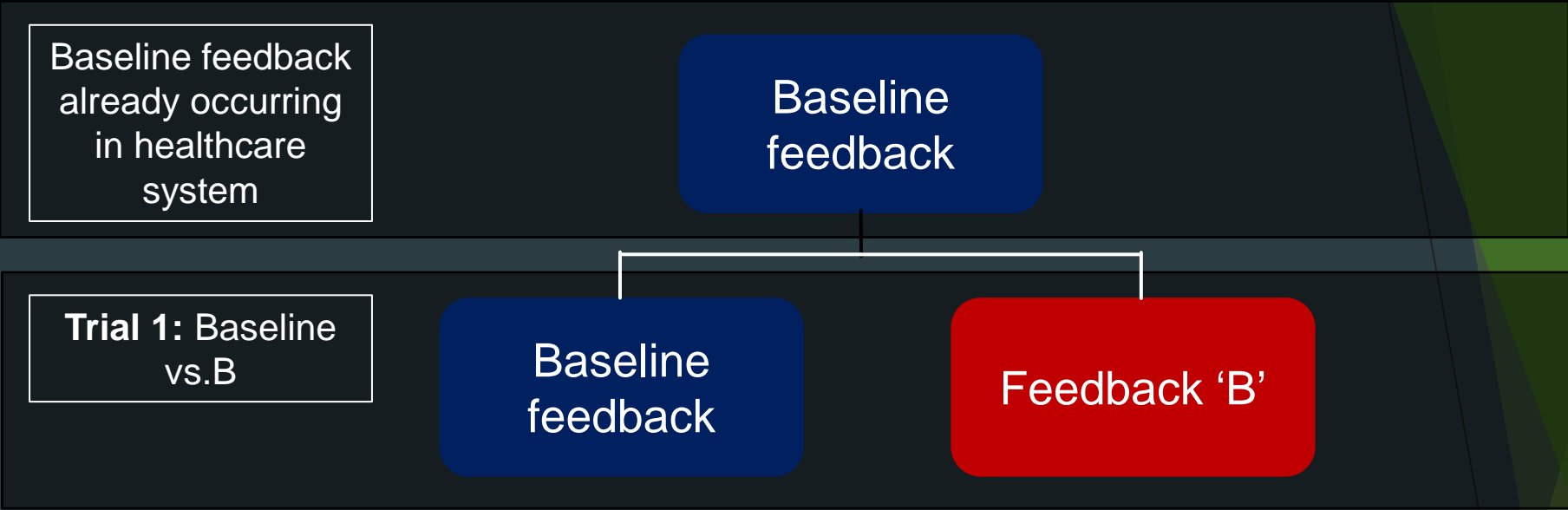
Radical Incrementalism

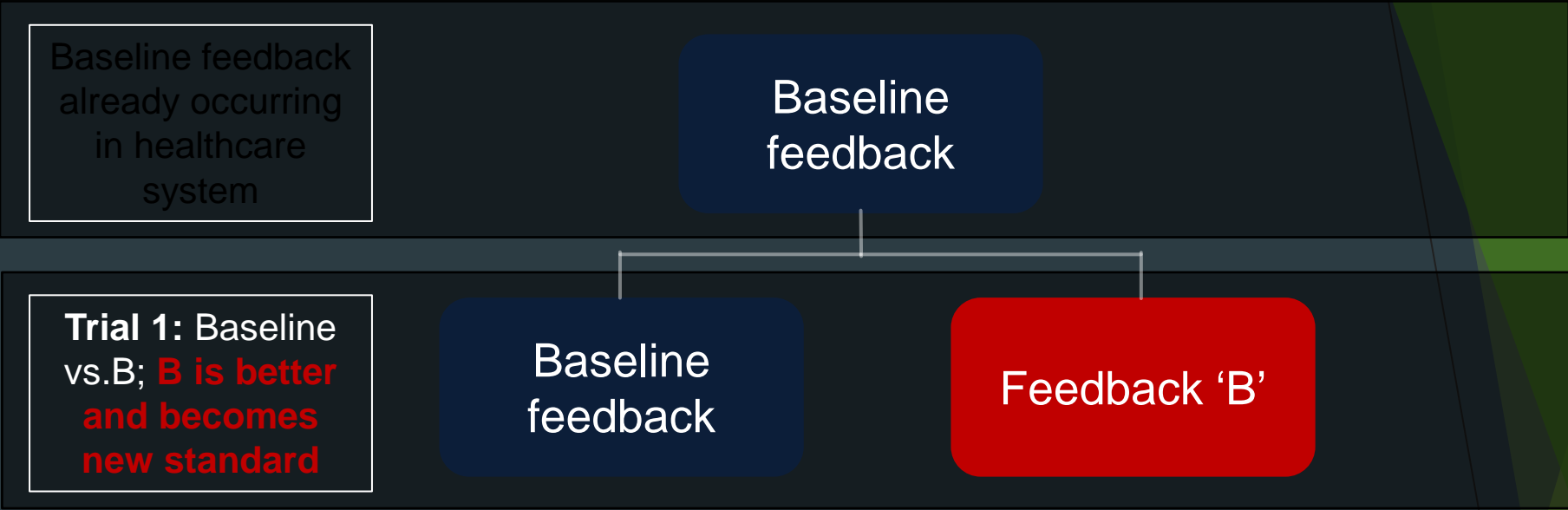
A deliberate strategy for business operations (particularly in information technology) in which a series of small changes are enacted one after the other, resulting in radical cumulative changes in infrastructure.

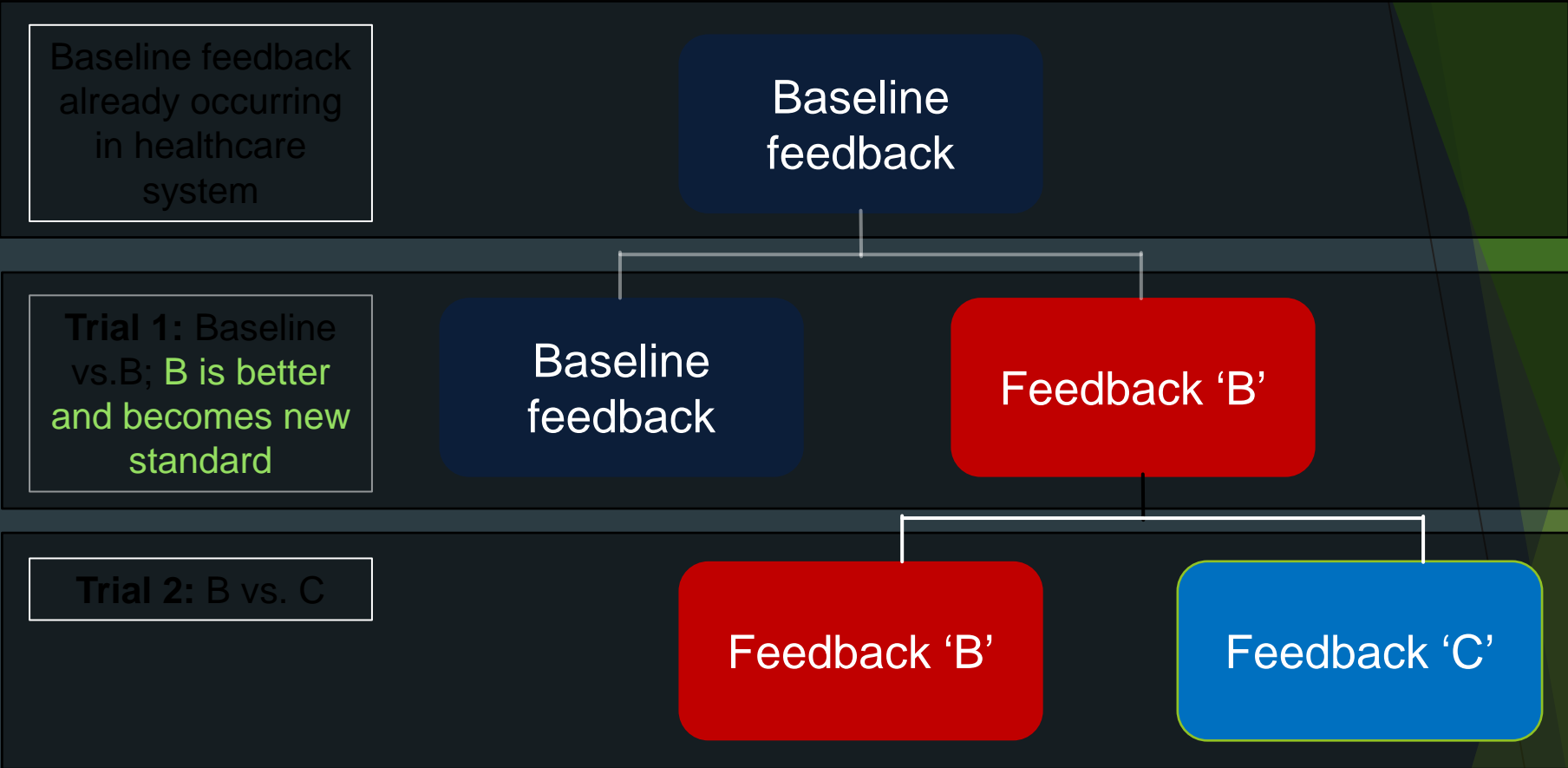


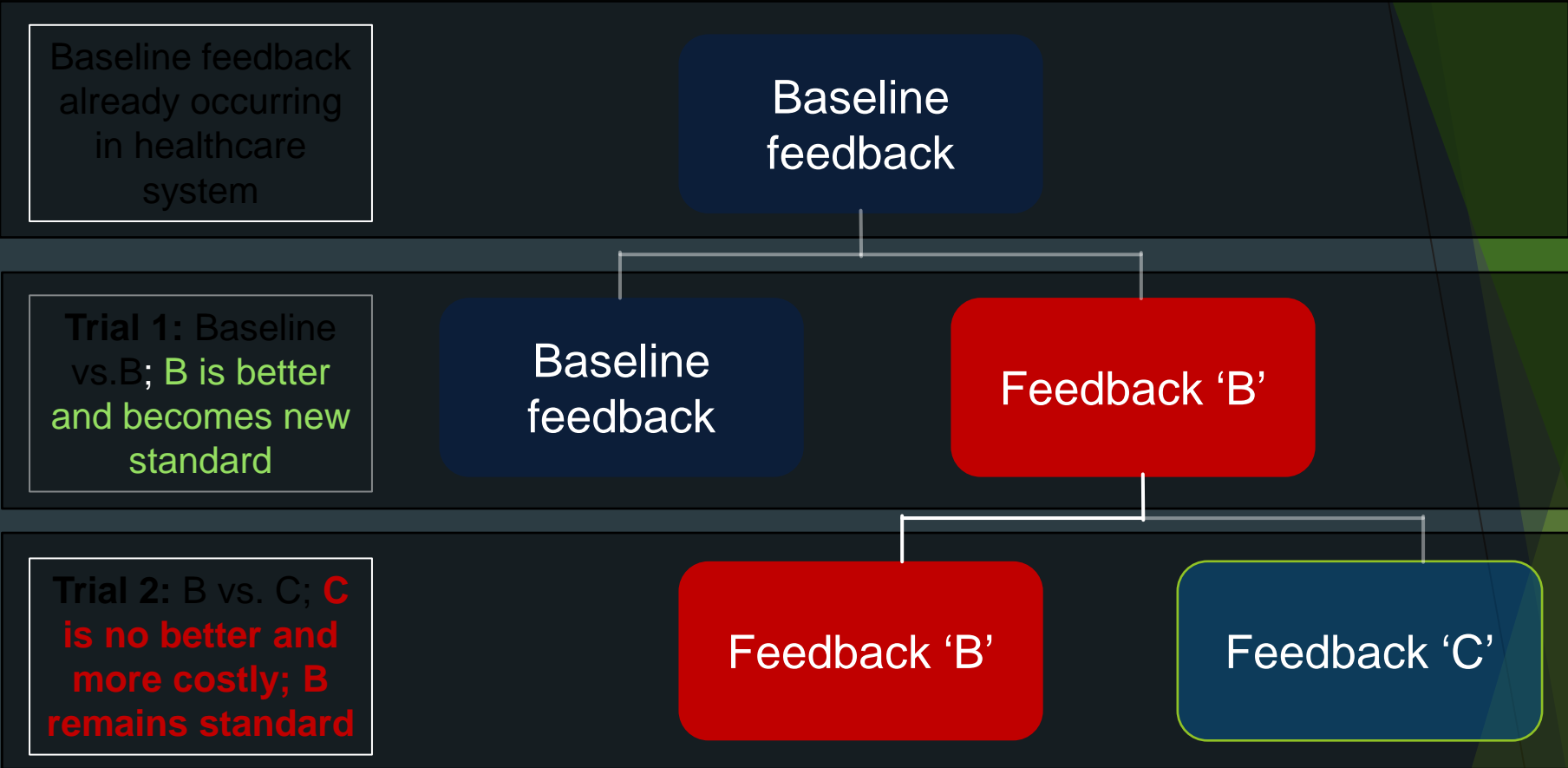
Baseline feedback
already occurring
in healthcare
system

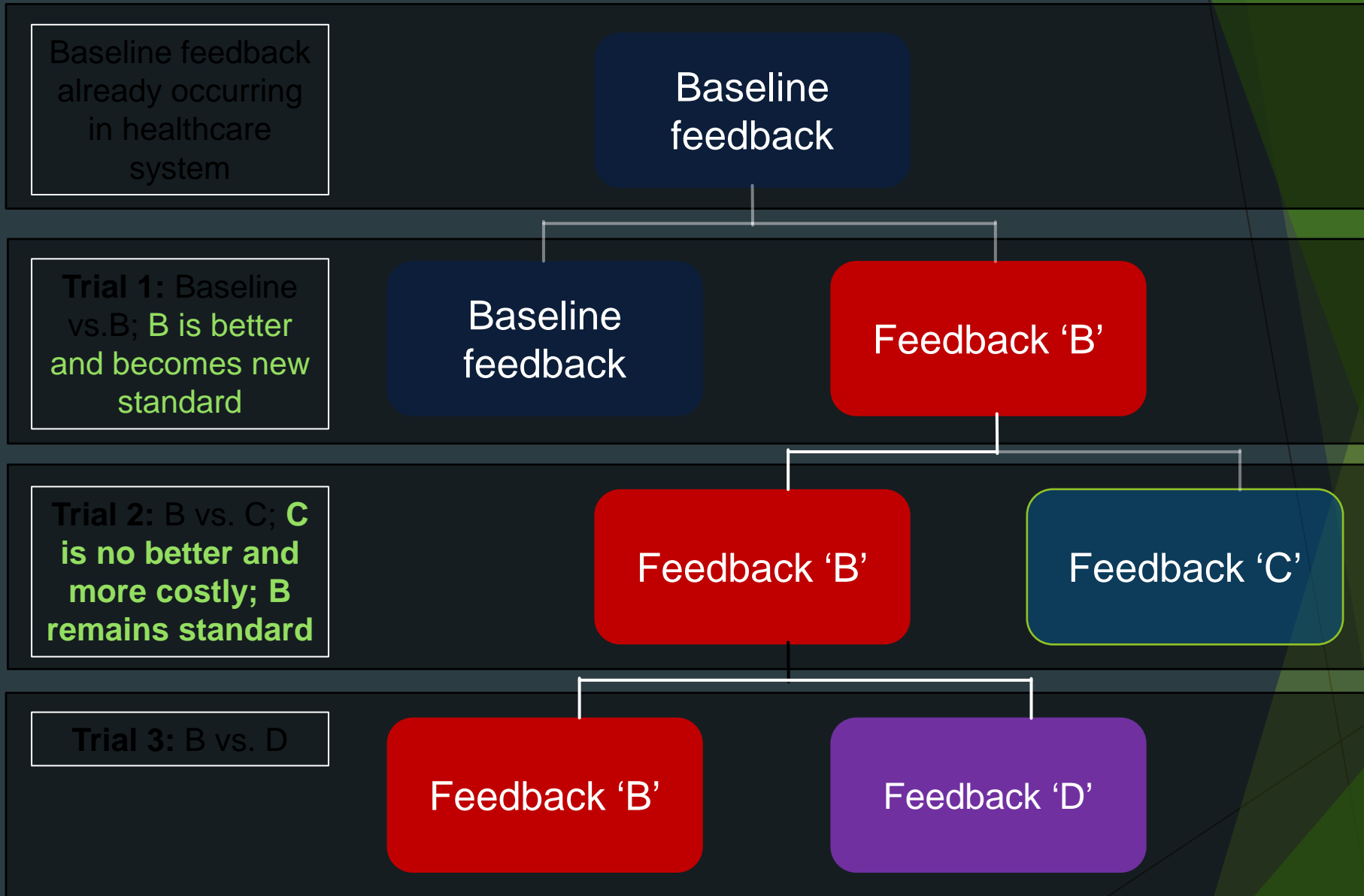
Baseline
feedback

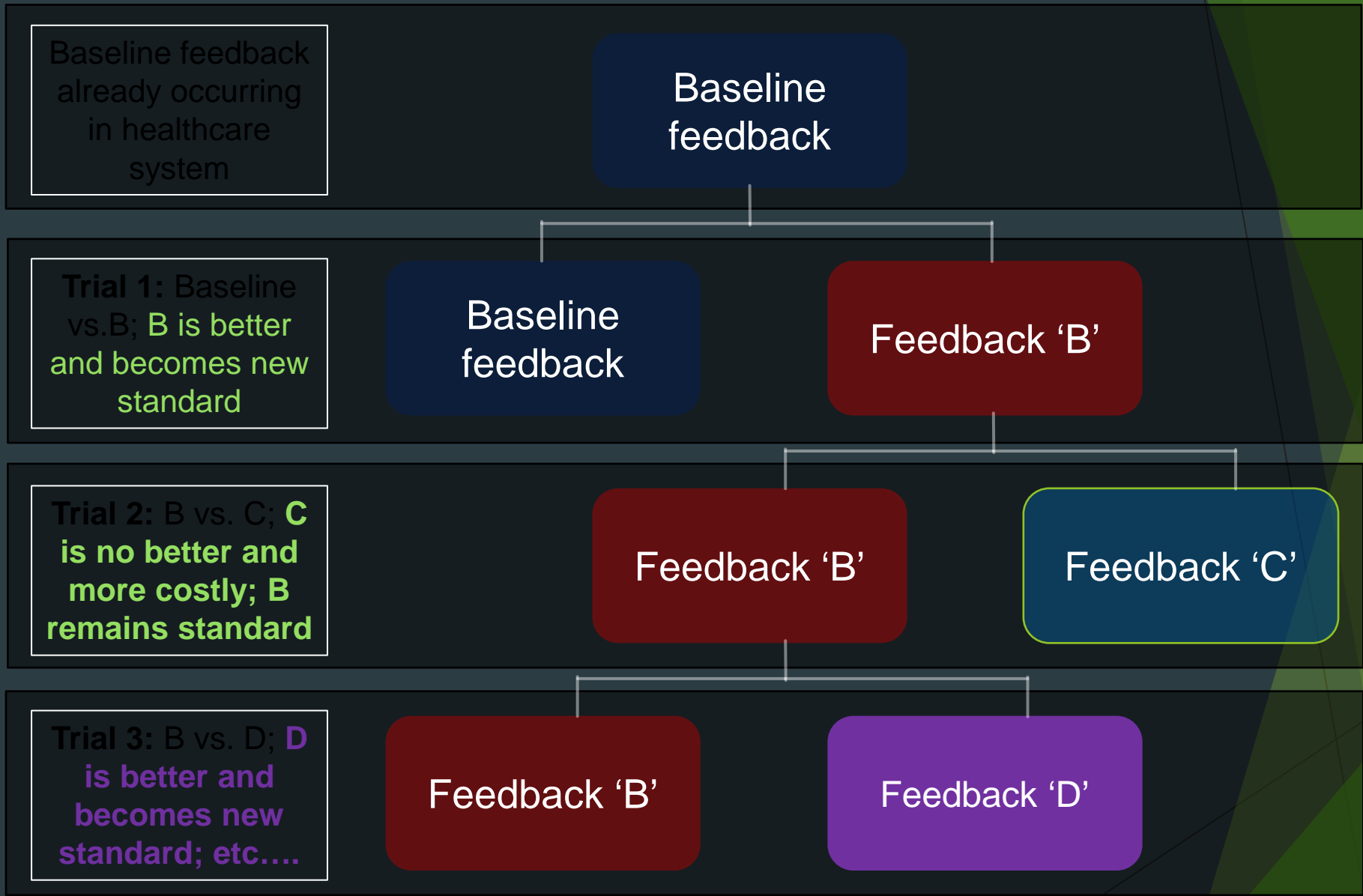












Implementation Laboratory to optimise Audit and Feedback

Role	Health system	Researcher
Develop priorities	X	
Develop prototype A&F	X	X
Delivery of A&F	X	
Data collection	X	
Analysis		X
Interpretation	X	X



Opportunities to seek research funding to cover additional marginal costs of research

A Yorkshire and Humber implementation laboratory



Applied Research Collaborations

'Real world' research addressing 'real world' prescribing priorities

Cost-effective, cumulative improvement

Rigorous evidence of direct relevance to wider UK



National Institute for
Health Research