

Kaiser Permanente's Reduced Opioid Prescribing and New Focus on Benzodiazepines

In 2016, Kaiser Permanente had a bold plan to reduce chronic opioid use with a focus on patients with a morphine equivalent dose (MED) > 90 mg *and* reduce opioids prescribed for acute needs, such as post-operative care. KP had *significant decreases* across all metrics as a direct result of the hard work of all clinicians, our pharmacy partners, and our healthcare teams.

At the start of 2016, 13.5% of our patients on chronic opioid therapy had an MED > 90 mg; by December, this percent was reduced to 8.2% for a 45% reduction in the total number of patients in the cohort with an MED > 90 mg. While this fell short of our ambitious goal of <7%, this decrease represents a reduction in risk of adverse events for a substantial number of our members.

Some other key results for 2016

- The November Oregon Health Authority reported that Kaiser Sunnyside Medical Center – the third-largest Emergency Department (ED) by volume in the state – has one of the lowest opioid prescribing rates in Oregon. Kaiser Westside ED has the **absolute lowest** opioid prescribing rate in the state.
- Permanente Dental Associates hosted an educational program for their dentists aimed at managing dental pain, with the goal of reducing opioid use. Because of this, and their continued focus on non-opioid management of pain, they reduced the number of tablets dispensed per encounter by 30% (from February through August 2016).
- Kaiser Permanente Northwest (KPNW) achieved the **inter-regional goal** for opioid use reduction for members with an MED > 120 mg for the first time in 2016, with a 56% reduction, compared to a program average reduction of 44%.
- KPNW **pediatric opioid reduction work**, focused on codeine-containing products, will be presented at the Kaiser Permanente National Quality Conference.
- Opioid quantities dispensed 45 days after surgery continue to decline from January 2015 baseline

Kaiser Permanente continues the regional work to reduce chronic opioid use in 2017. Kaiser Permanente will also be focusing on **reducing the combination of chronic benzodiazepine and Z-drug (e.g. Zolpidem) use with opioids and the total amount of opioid prescribing**. For patients newly prescribed an opioid, the risk of becoming a chronic user increases substantially after just three days of use.

Goals

1. Decrease the number of patients over 90 mg MED.
2. Decrease the total quantity of opioids prescribed.
3. Decrease the total quantity of chronic opioids prescribed with chronic benzodiazepines.

There are just under 1,100 patients regionally who are over 90 mg MED; about 300 of those patients were new members last year and did not receive the outreach letters we sent outlining our regional policy. We will be sending those new patients the same letter we used last year. The PCP's signature will be on these letters, along with the signature of Permanente Leadership.

Clinics will receive lists of patients receiving letters so that the identified back-office RN can stage the visit for the provider. STORM (pharmacy support) continues to be an option to assist us in helping these patients in reducing their doses or weaning off the medication regardless of the dose they are currently on.

Patients who received letters last year, but remain above 90 mg MED, can receive one of two new letters if the PCP feels it will be helpful in engaging the patient. If appropriate for their patient, PCPs will choose which letter their patient will receive based on their knowledge of the patient. The first letter option will acknowledge the effort patients have made to lower their dose and encourage them to continue their efforts. The second letter option will address patients who have not yet engaged with their provider to reduce their dose. These letters will be generated by the back office, and are meant to be supportive tools for PCPs when having discussions with their patients about reducing their dose, emphasizing this is a regional and nationwide initiative.

We will be using a similar strategy to address our patients on both chronic opioids and benzodiazepines. Starting in mid-May and continuing through the summer, we will send letters to these patients outlining the safety risks of combining opioids and benzodiazepines as well as our new regional policy to address this risk.

These will be sent in small batches and will begin with patients also above 90 mg MED. This will not capture patients who are occasional users of benzodiazepines (e.g. for travel). These letters will be signed by the provider; if there's more than one prescriber the letters will include both.

The opioid oversight group has reviewed and approved the benzodiazepine/Z-drug safety guidelines to support this work. STORM is available to assist with opioid tapering for patients who choose to discontinue their opioid, regardless of dose, and the pharmacists can also provide a one-time taper plan for those who choose to discontinue the benzodiazepine. Behavioral Health Consultants also will be a resource to assist patients and providers.

--Stacey Moret, Senior Administrator and Regional Lead for Opioid Use Improvement



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Kaiser Foundation Health Plan of the Northwest

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Kaiser Foundation Health Plan of the Northwest

May 31, 2017

Chris Doe
1234 A Street
Portland, Oregon 97200

Dear Chris Doe,

Kaiser Permanente is committed to the safety and well-being of our patients. National health guidelines regarding the safety of opioids — prescription pain medications — are constantly improving. Recent evidence shows serious risks associated with the combination of opioid medications with benzodiazepines, a class of medication sometimes prescribed for anxiety or insomnia. We are participating in a nationwide effort to help patients avoid this combination of medication and find other ways to manage their symptoms.

Our records show that you have been prescribed both a benzodiazepine and an opioid prescription pain medication. To continue to provide safe and effective treatment, we need to review your current prescriptions with you.

Your doctor's office will contact you to set up an appointment. Our goal is to work with you to create a therapy plan that minimizes the interference of pain, anxiety, and insomnia in your life and maximizes your long-term health. Reducing the opioid or the benzodiazepine can improve the safety of your treatment — and many patients find they feel better.

If you are already on a plan to safely reduce your benzodiazepine or opioid use, you may not need a new appointment.

Do not suddenly stop either medication without talking with your doctor.

If you have questions about making a change to your medication plan, please contact us through one of the numbers below and ask to be connected with your personal doctor's office.

- **Member Services:** 1-800-813-2000, Monday through Friday, 8 a.m. to 6 p.m.
- **TTY:** Dial 711.
- **Language Interpretation services:** 1-800-324-8010.
- You may also sign on to kp.org to send an email.

Sincerely,

