

Behavioral Health Collaborative

March 22, 2019



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Identify and Share Best Practices for Prescribing



- Provide physicians with patient opioid prescriptions history and risk profile through EMR
- Utilize EMR to encourage naloxone prescriptions for all patients who suffer from an opioid overdose
- Change default prescription amounts in EMR for ED and Primary Care to ensure safe prescribing
- Change presets in EMR to default to 7 days rather than 3

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Identify and Share Best Practices for Prescribing



- Use PMP at every visit and document
- Provide residents access to PMP
- Require PMP registration for all providers who prescribe opioids
- Integrate PMP into a "one-click" system for registered providers

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Identify and Share Best Practices for Prescribing



- Institute pain management contracts and urine drug screening
- Revise orders to include scheduled Ibuprofen and Acetaminophen for post partum pain management (resulted in 57% ↓ in opioid use)
- multiple ERAS (early recovery after surgery) protocols which use local anesthesia and multi-modal analgesia for opioid avoidance/opioid reduction including colorectal pathways and thoracic surgery pathways

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Identify and Share Best Practices for Prescribing



- Limit opiates for acute pain to 5 days, then reassess. For chronic pain, non-opiates for pharmacologic management, PT, psychiatry services if needed, etc.
- Discuss risk and benefits of opiate therapy at the start of therapy
- Create system policy regarding termination from practice and discontinuance of opioids
- Attempt to wean chronic therapy at most visits

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Increase Provider Training and Education



- Offer continuing education (CME) credit programming related to opioid stewardship
- Development of opioid specific metrics which are tracked and monitored on a regional and department basis to monitor prescribing behavior
- Help educate providers on appropriate prescribing habits, increase knowledge of appropriate referrals to pain management
- Education of residents about use of naloxone, history of overdose, especially higher doses of opiates and education for family, etc.

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Increase Patient Family and Caregiver Education



- Create patient facing educational materials (posters, flyers) to educate about opioid use
- Add information about managing opioids at home
- Identify point person on Recovery staff to work with addicted patients and connect them to community resources
- Partner to deliver education to various community groups including schools
- Participate in community events such as Drug Takeback Day

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Prevent Neonatal Abstinence Syndrome



- Woman's Hospital has implemented GRACE (Guiding Recovery & Creating Empowerment) program to support expectant mothers struggling with opioid addiction by providing comprehensive care-coordination services

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Advocate for Increased Evidence-Based Treatment



- Develop opioid-sparing techniques for general anesthesia - Ochsner completed a study specifically looking at urological procedures
- Explore non-pharmacological modalities for treating pain (aromatherapy, pet therapy, e-stimulation)
- Encourage referrals for patients to pain management, physical therapy programs
- Strive to identify those that need treatment for substance use disorder, and get them into care. (One of the challenges is identifying the actual services to refer patients to.)

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