

Opioids in Trauma

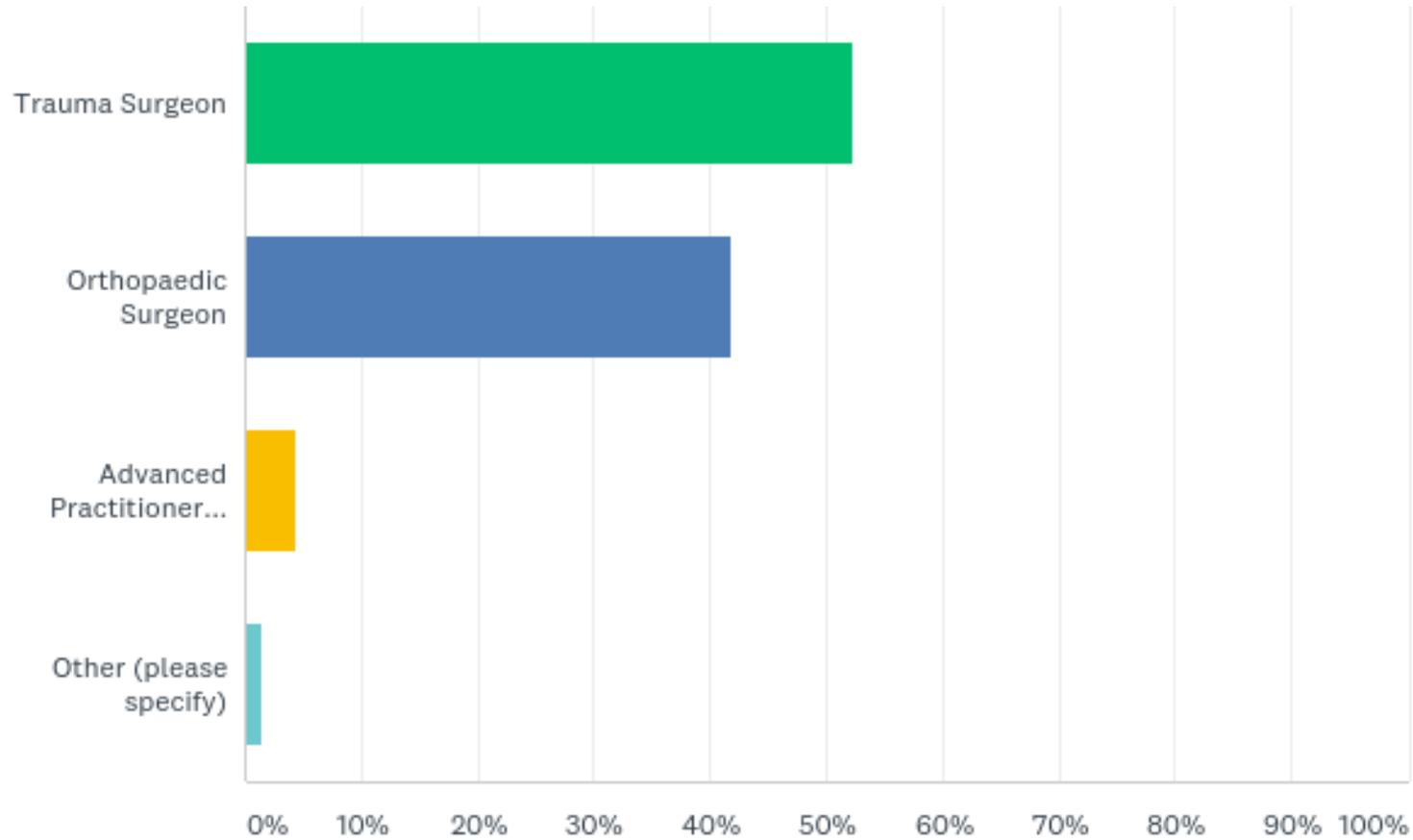
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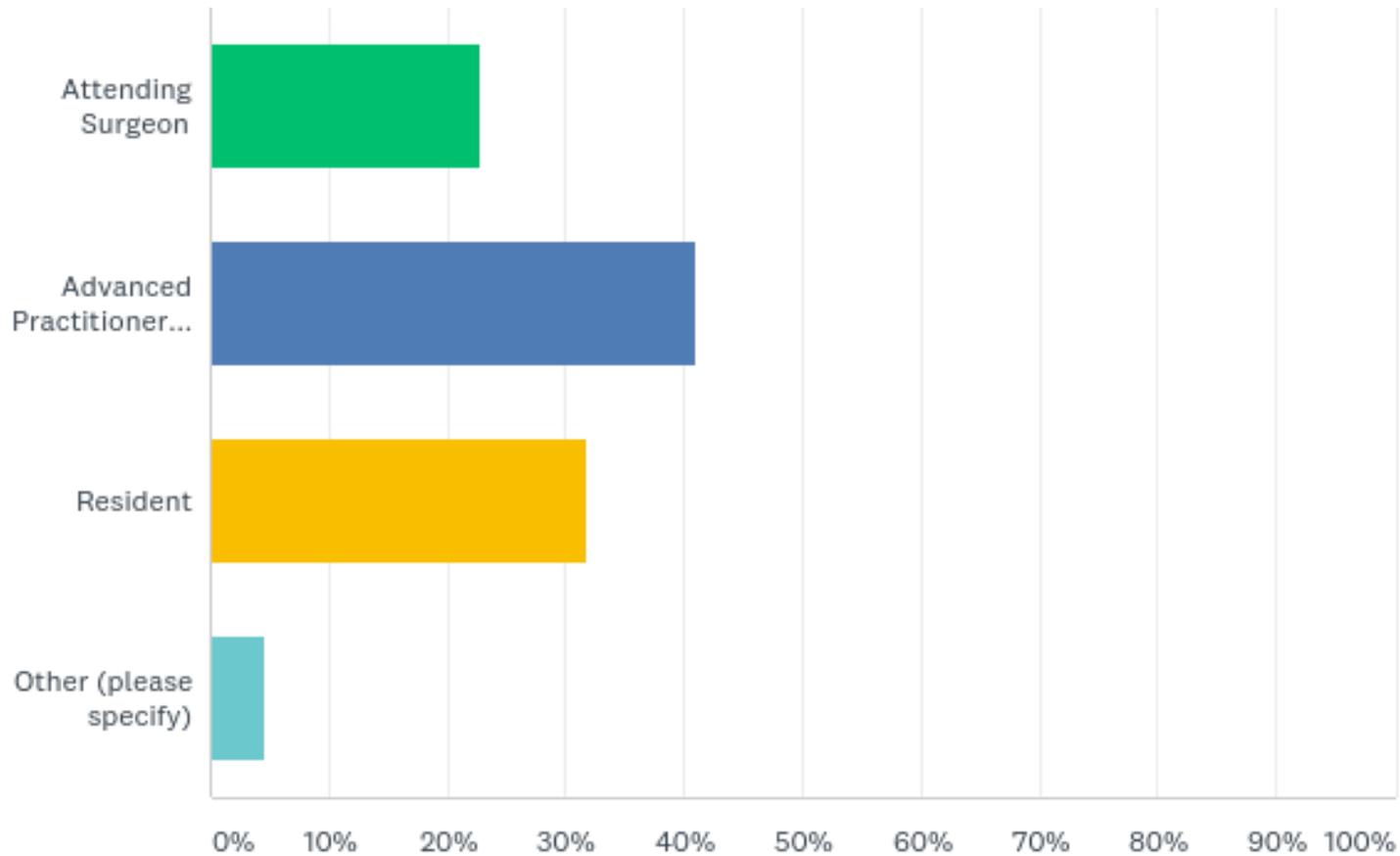
Q1: What is your role/specialty?

Answered: 67 Skipped: 0

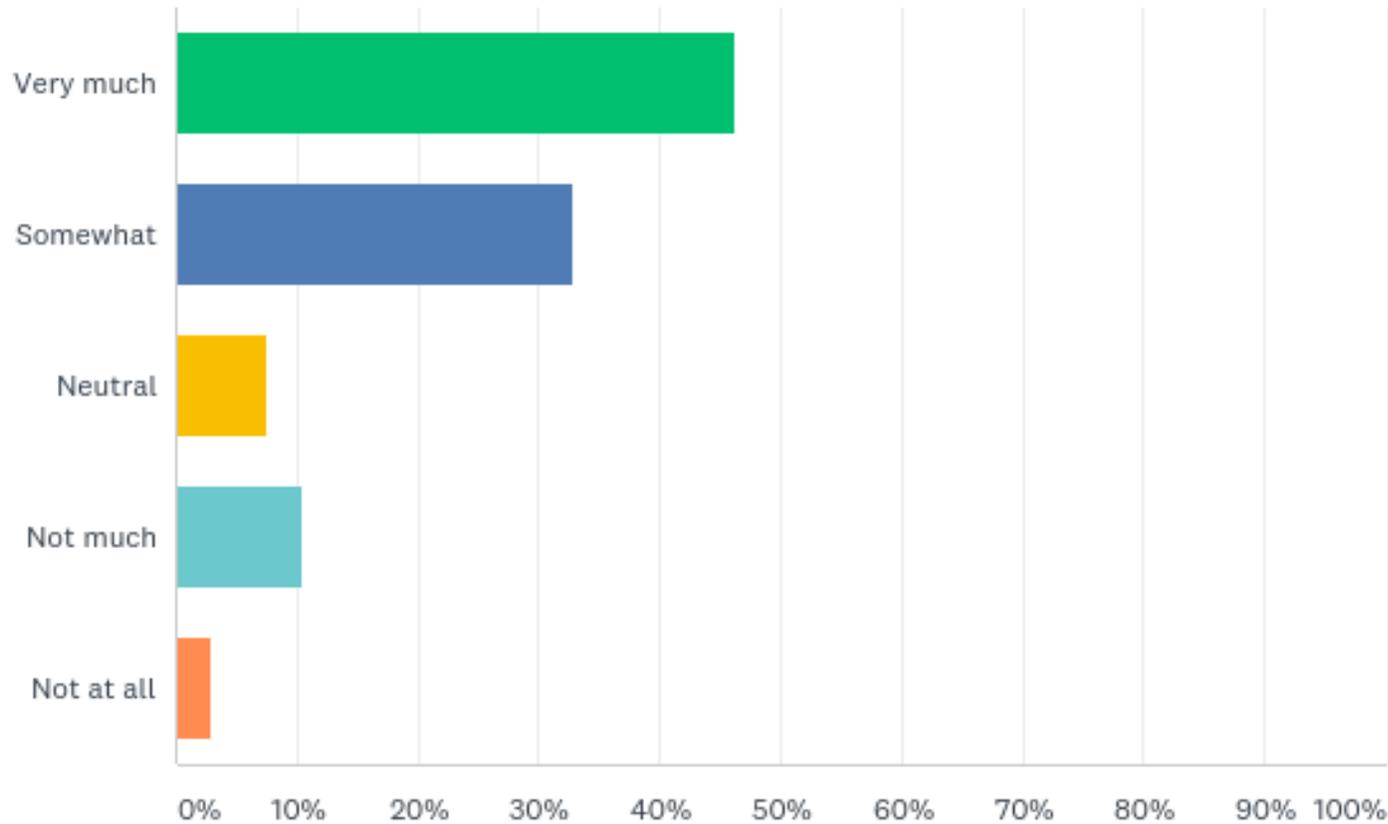


Q2: Who handles pain medication prescribing at patient discharge from your hospital?

Answered: 66 Skipped: 1

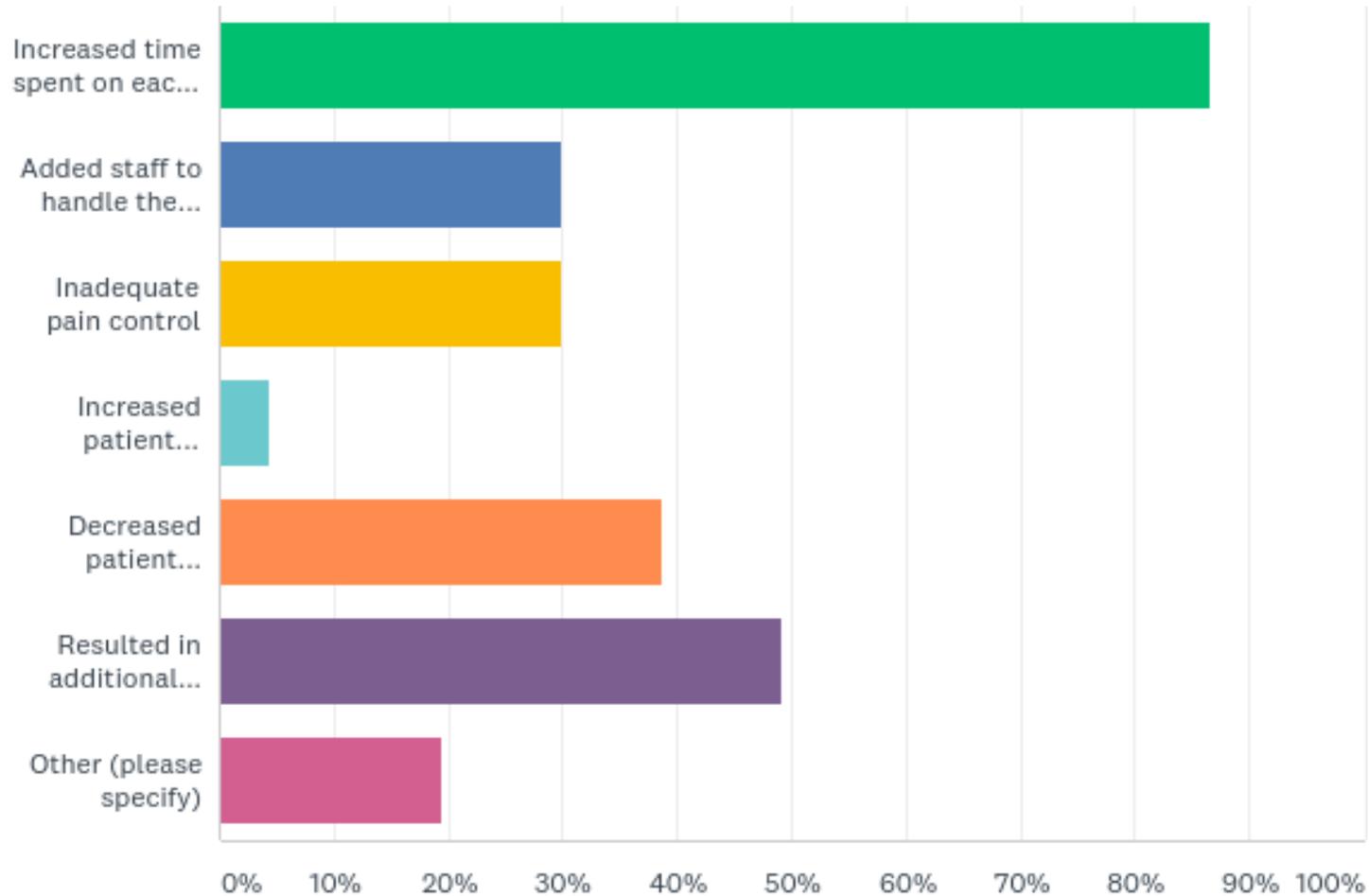


Q3: Do you feel that the new opioid laws (Mandatory MAPS checks, 7-day maximum medication supply, pain counseling, etc.) are significantly impacting your practice?



Q4: How are the new laws affecting your practice? (Check all that apply)

Answered: 67 Skipped: 0

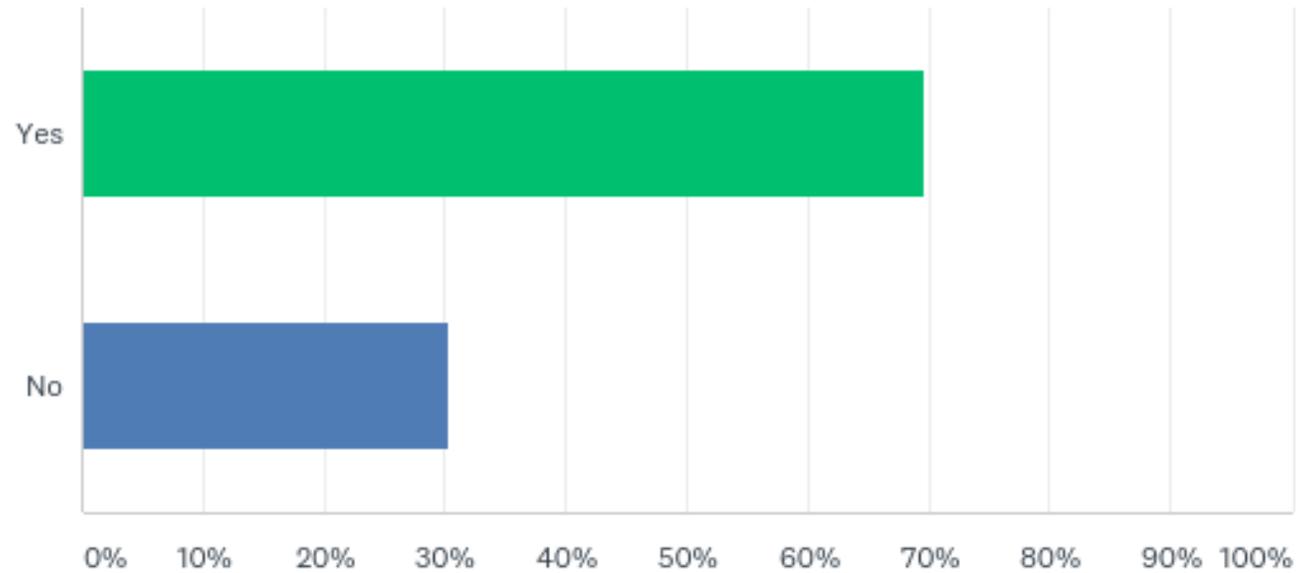


Q5: Rank the burden level of each aspect of the new laws with 1 being the lowest burden and 3 being the highest burden.

Answered: 67 Skipped: 0

	LOWEST BURDEN	MEDIUM BURDEN	HIGHEST BURDEN	TOTAL	WEIGHTED AVERAGE
Mandatory MAPS checks	25.00% 14	46.43% 26	28.57% 16	56	2.04
7-day maximum medication supply	30.00% 18	28.33% 17	41.67% 25	60	2.12
Pain counseling	39.06% 25	31.25% 20	29.69% 19	64	1.91

Q6: Do you think that your patients have to utilize other systems/providers, such as primary care clinics, urgent care, or emergency departments to help manage their pain needs?

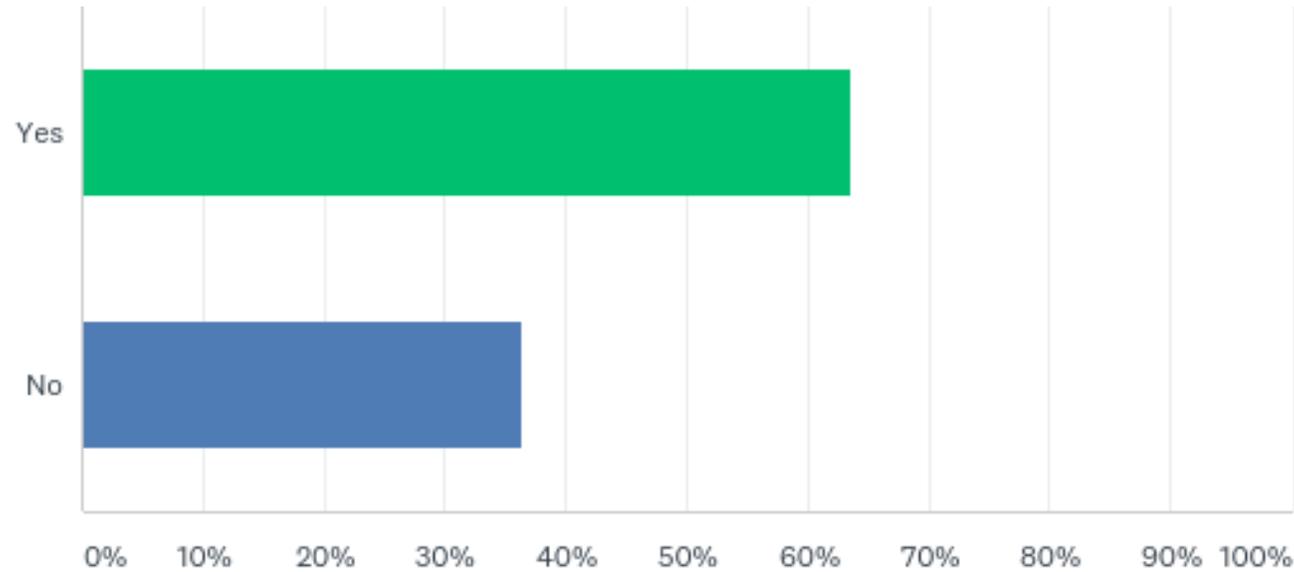


Comments

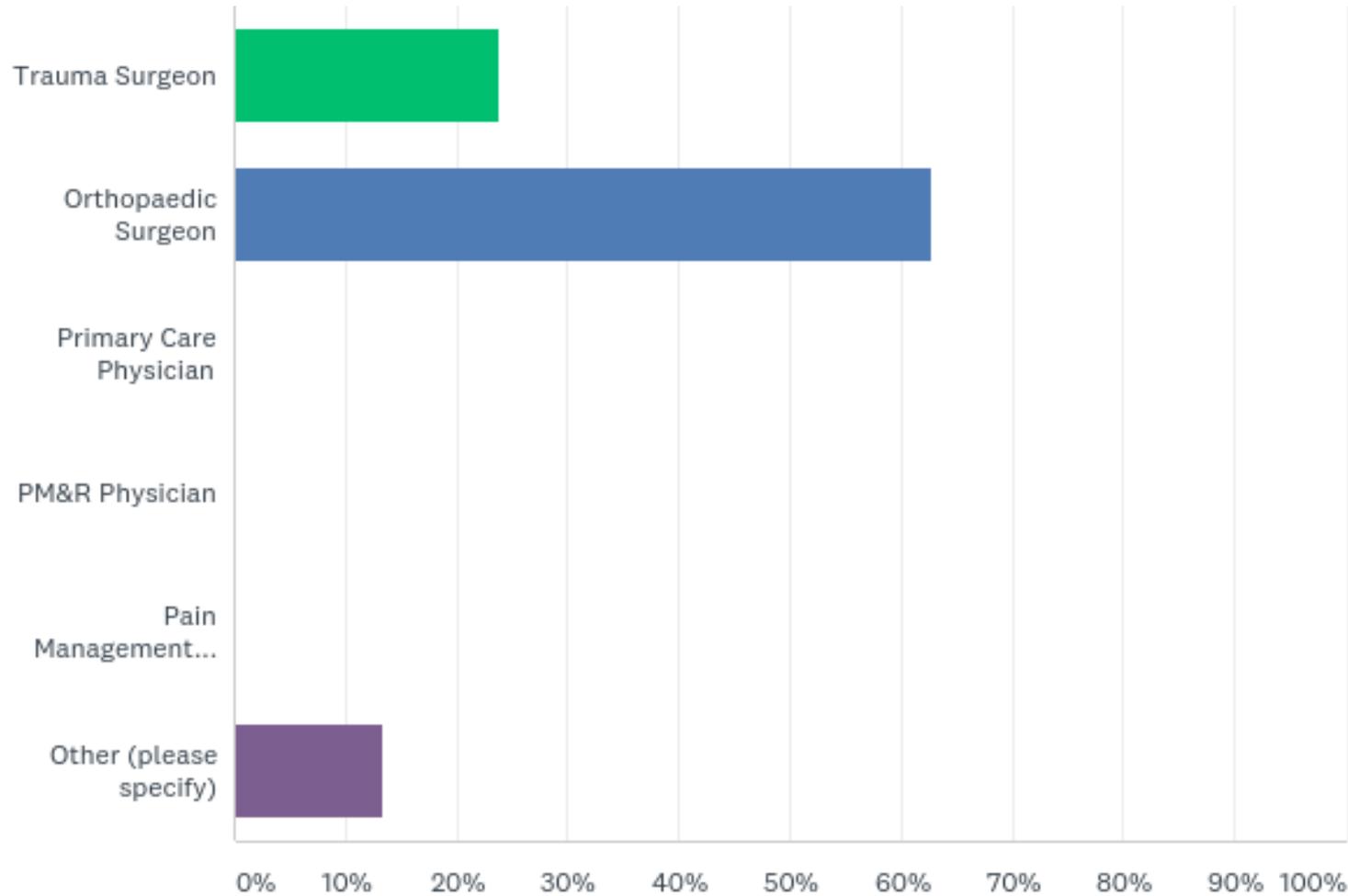
- ◆ Patients on long term opioids are continued to be managed by PCP. We do not get involved.
- ◆ More primary care visits
- ◆ Need to better utilize PCPs. Too often PCPs don't want to get involved.
- ◆ Biggest problem is patients that were on pain meds before surgery. Very hard to manage.

Q7: Do you feel that trauma patients (i.e., those with significant complex injuries) should be exempt from the 7-day supply rule?

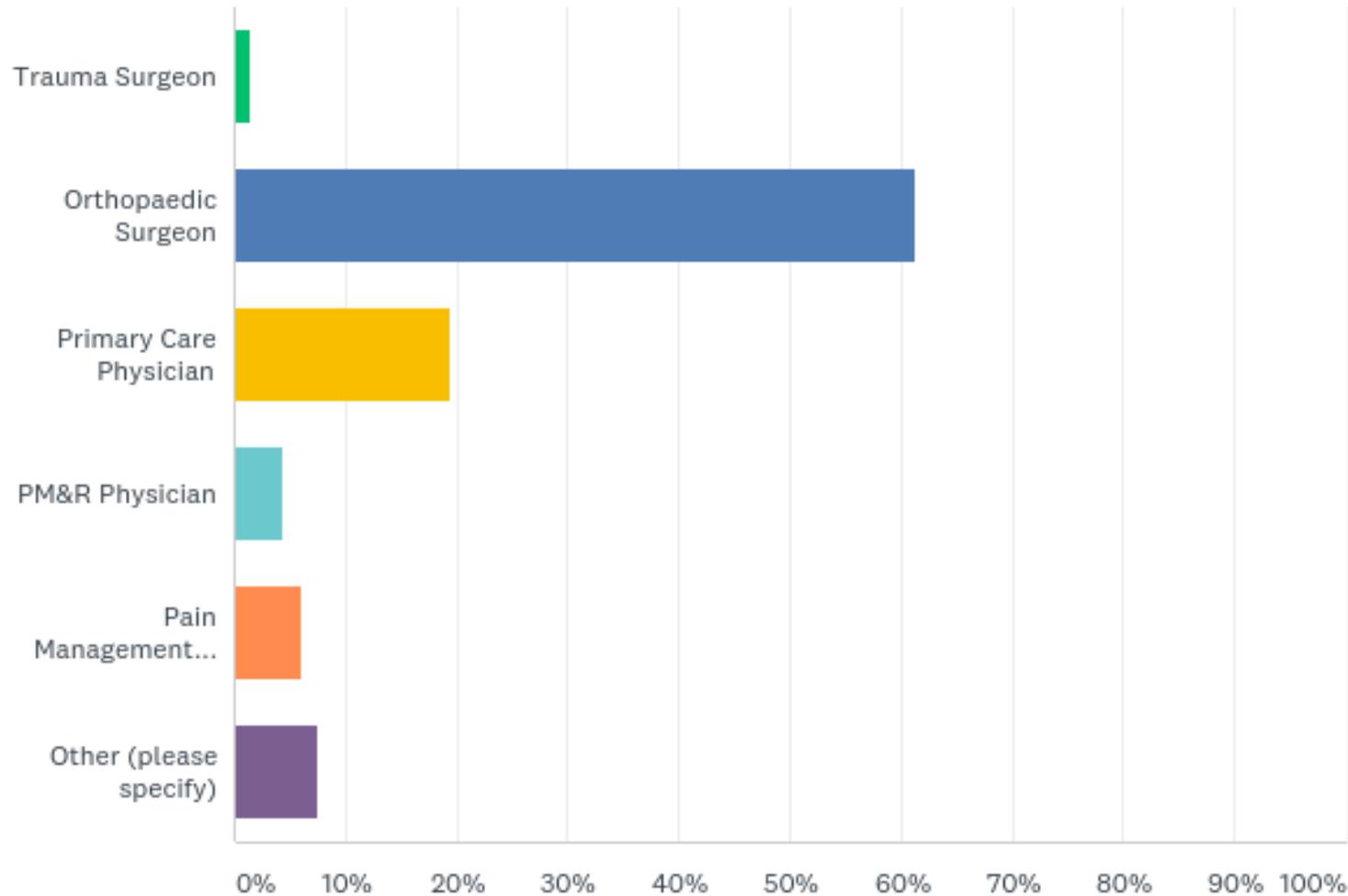
Answered: 66 Skipped: 1



Q8: In your opinion, who is responsible for managing an orthopaedic trauma patient's short-term (0 to 14 days) pain medication at discharge from the hospital?

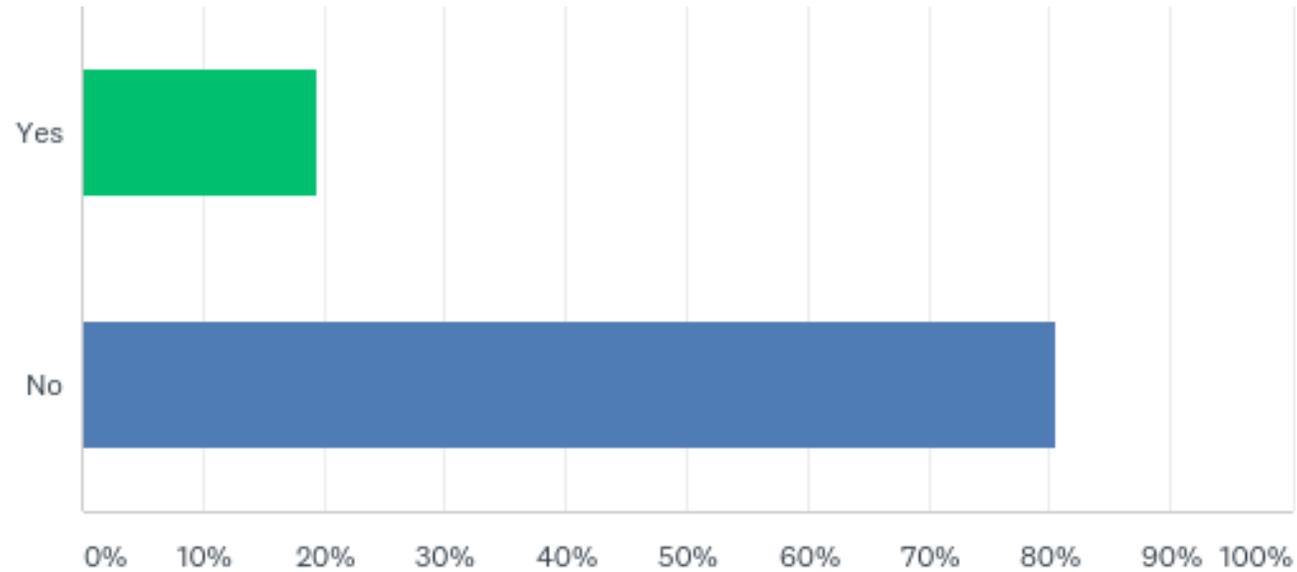


Q9: In your opinion, who is responsible for managing an orthopaedic trauma patient's long-term (up to 3 months) pain medication following discharge from the hospital?



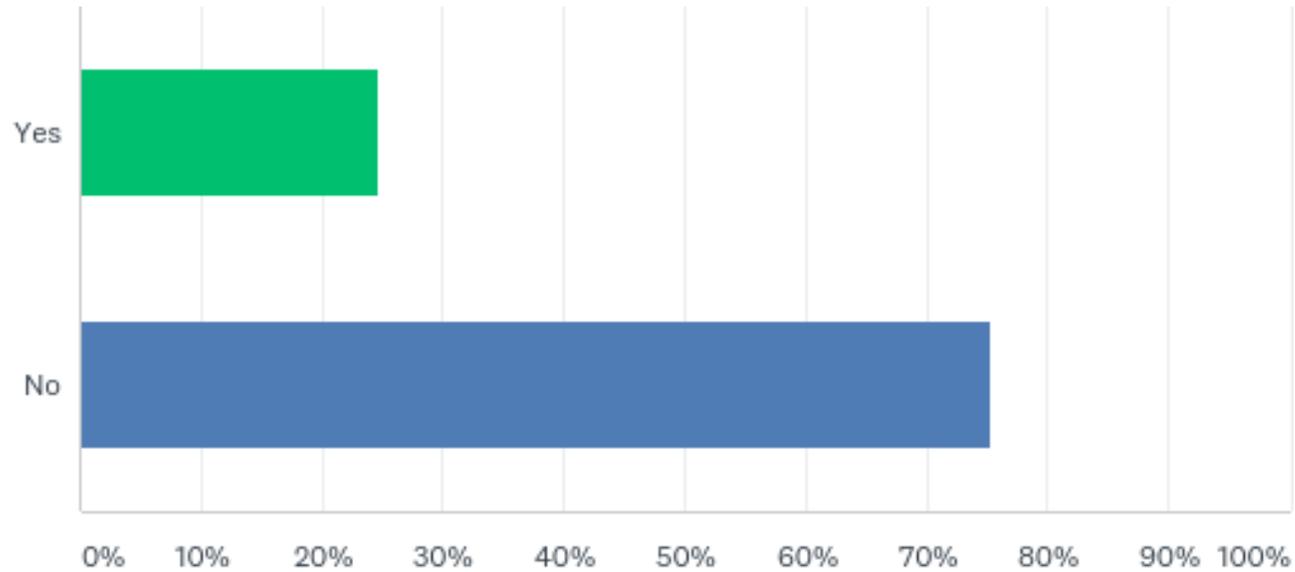
Q10: Are you keeping patients in the hospital longer to manage their pain medications prior to discharge?

Answered: 67 Skipped: 0



Q11: Has your practice implemented a solution to minimize the burden of this new legislation that has been successful? If yes, please describe.

Answered: 65 Skipped: 2



Comments

- ◆ Nursing staff member logs into MAPS system for patients receiving opioids.
- ◆ Education to the patient on why this is being implemented and the challenges of the past with too much being prescribed especially in the orthopedic sector
- ◆ Training for MA/Nursing staff. Folders with opioid waivers at each nurses station and at check-out. Opiate posters in each patient room for education.

Comments

- ◆ We are working on order sets ie. for rib fractures and elderly patients that include many alternative non-opioid meds so we can reduce inpatient use and hence outpatient prescribing.
- ◆ Just optimizing work flow to complete all requirements.
- ◆ We divide the tasks MAPS done Preop Surgeon does education in prep area for outpatients. Then delegates to surgical PA what post op Rx to prescribe. If Elective cases admitted. Same sequence. Surgeon delegates to resident what Rx to provide

Comments

- ◆ Add APPs. More involved discharge rounds.
- ◆ The laws have added some increased “burden”, maps, counseling, etc; but I have seen a significant decrease in the amount of medication being prescribed and used by my patients; it has put a stop to the routine over prescribing of narcotics because it was “easier” or was the common routine. I have seen far less addicted patients now during the postop period. The ones who are seeking medicine, however, will make multiple visits to the ER and other physicians to obtain narcotics, complicating the process

Comments

- ◆ Set expectations by advertising our pain medication policies in waiting/exam rooms.
- ◆ Patient education.

Comments

- ◆ Creating order set and drop down list to satisfy the requirement for the exemption.
- ◆ Looking for answers and standardization. I feel my trauma patients are the hardest to manage for pain control as they are a diverse group to begin with and few are narcotic naive before their injury which hampers me for pain management after surgery.
- ◆ Team approach to managing extra paperwork. EMR with easy MAPS check to speed up work.