

## THE ACADEMY SURVEY

# ADDRESSING THE OPIOID CRISIS

MELISSA STAHL | SENIOR RESEARCH MANAGER | THE HEALTH MANAGEMENT ACADEMY

## EXECUTIVE SUMMARY

### INTRODUCTION

With over 214 million opioid prescriptions in 2016, over 42,000 deaths were attributed to opioid overdoses and 2.1 million people had an opioid abuse disorder, resulting in \$504 billion of economic costs (1, 2). As communities and healthcare organizations struggle to manage this crisis, the opioid epidemic has become a central focus of the national conversation. The severity and ubiquity of this issue resulted in the U.S. Department of Health & Human Services declaring the opioid crisis as a public health emergency in October 2017 (3).

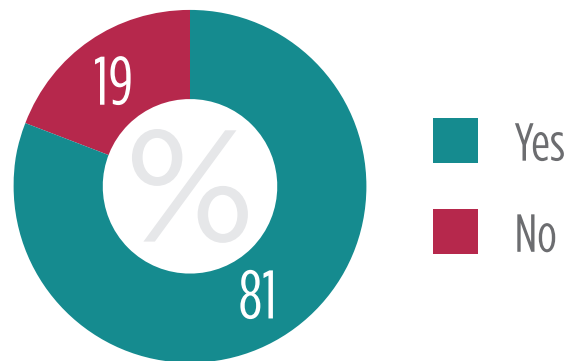
### KEY FINDINGS

- Most (81 percent) responding health systems indicate addressing the opioid epidemic is included in their current strategic priorities.
- Of the health systems that have, or are developing, a system-wide strategy for addressing opioid abuse, most have included health care professional education (82 percent), multi-modal pain management (82 percent), and/or patient education (76 percent) as part of the strategy.
- A majority of responding health systems currently include patient reported pain scores as one of its measures of success (57 percent); however, less than half (48 percent) of executives believe this should be included as a measure of success for their institution.

## RESULTS

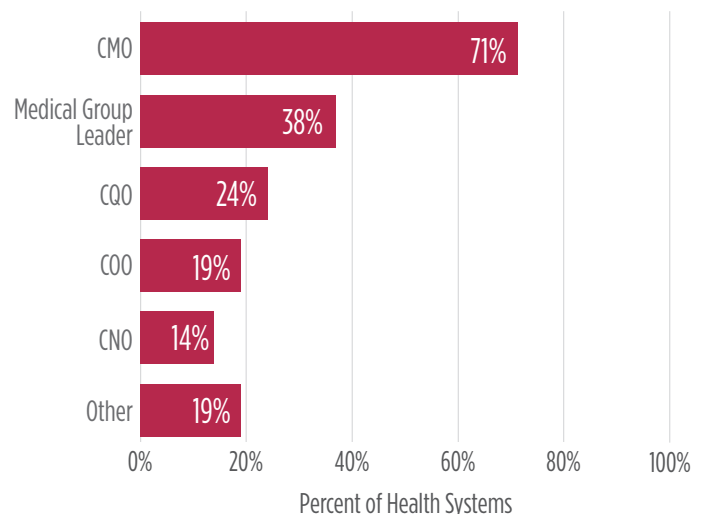
Addressing the opioid epidemic is a priority among responding health systems, with 81 percent reporting addressing the opioid epidemic is included in their current strategic priorities (Figure 1). Of those that have not included addressing the opioid epidemic in their current strategic priorities (21 percent), none plan to include it in their strategic priorities in 2018.

**FIGURE 1. IS ADDRESSING THE OPIOID EPIDEMIC INCLUDED IN YOUR HEALTH SYSTEM'S CURRENT STRATEGIC PRIORITIES?**



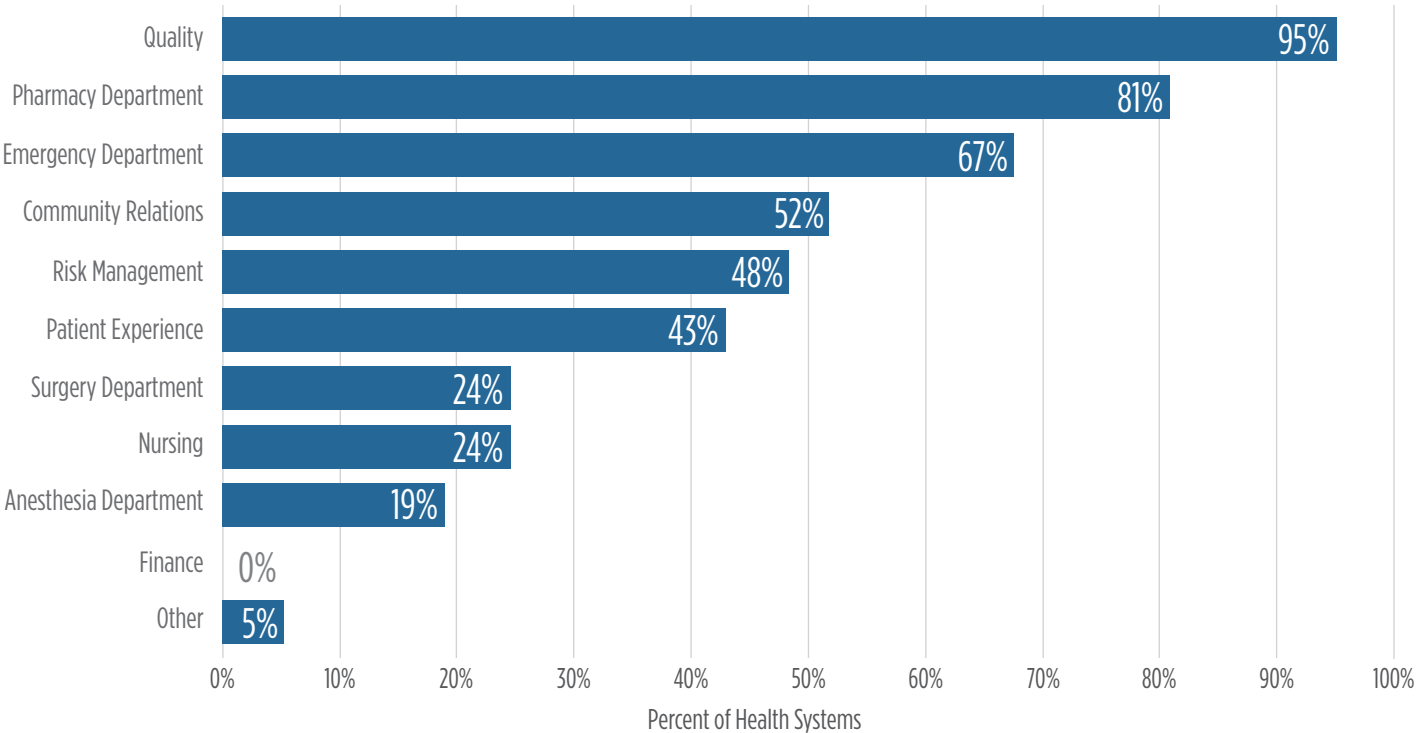
Most commonly, Chief Medical Officers (CMOs) have responsibility at the system level for addressing the opioid epidemic (Figure 2). Other corporate-level roles that have responsibility for this include Medical Group Leaders (38 percent), Chief Quality Officers (24 percent), Chief Operating Officers (19 percent), and/or Chief Nursing Officers (14 percent). Additionally, health systems reported involvement of roles including Chief Medical Informatics Officer, SVP Clinical Operations, VP Pharmacy, Chief Executive Officer, and/or VP Community Health.

**FIGURE 2. WHICH CORPORATE-LEVEL POSITION(S) AT YOUR HEALTH SYSTEM HAVE RESPONSIBILITY FOR THIS? (PLEASE CHECK ALL THAT APPLY.)**



Almost all (95 percent) responding health systems indicate quality functions are driving the need for the health system to include the opioid epidemic in its strategic priorities (Figure 3). Other common functions driving this need include pharmacy department (81 percent), emergency department (67 percent), and community relations (52 percent). While less common, risk management (48percent), patient experience (43 percent), surgery department (24 percent), nursing (24 percent), and anesthesia department (19 percent) were also reported as functions driving the inclusion of the opioid epidemic in health systems’ strategic priorities. One health system also reported community health as a driver. No health systems indicated finance was driving the need to include the opioid epidemic in overall strategic priorities.

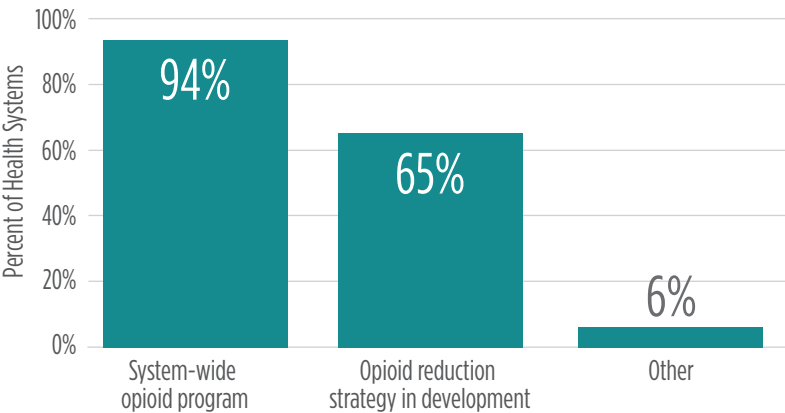
**FIGURE 3. WHICH FUNCTIONS ARE DRIVING THE NEED FOR YOUR HEALTH SYSTEM TO INCLUDE THE OPIOID EPIDEMIC IN ITS STRATEGIC PRIORITIES? (PLEASE CHECK ALL THAT APPLY.)**



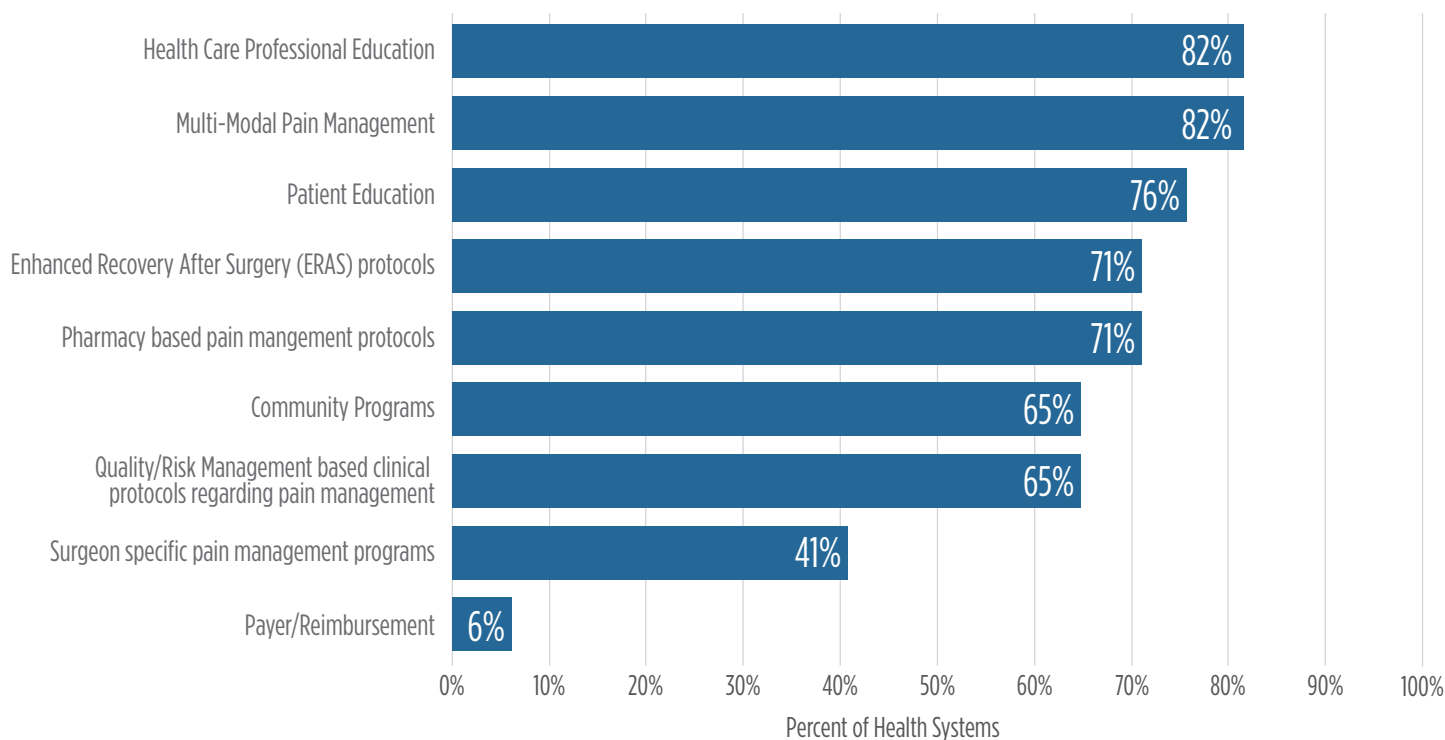
Of the health systems that have included addressing the opioid epidemic in their system strategic priorities (81 percent), 94 percent are addressing opioid abuse through a system-wide opioid program and 65 percent are developing an opioid reduction strategy (Figure 4). One health system indicated also utilizing community-based interventions including education, rescue medication and training, and access to comprehensive recovery services to address opioid abuse.

Of the health systems that have, or are developing, a system-wide strategy for addressing opioid abuse, most have included health care professional education (82 percent), multi-modal pain management (82 percent), and/or patient education (76 percent) as part of the strategy (Figure 5). Other common strategic elements included include Enhanced Recovery After Surgery (ERAS) protocols (71 percent), pharmacy based pain management protocols (71 percent), community programs (65 percent), quality/risk management based clinical protocols regarding pain management (65 percent), surgeon specific pain management programs (41 percent), and/or payer/ reimbursement (6 percent).

**FIGURE 4. HOW IS YOUR HEALTH SYSTEM ADDRESSING OPIOID ABUSE AT THE SYSTEM LEVEL? (PLEASE CHECK ALL THAT APPLY.)**

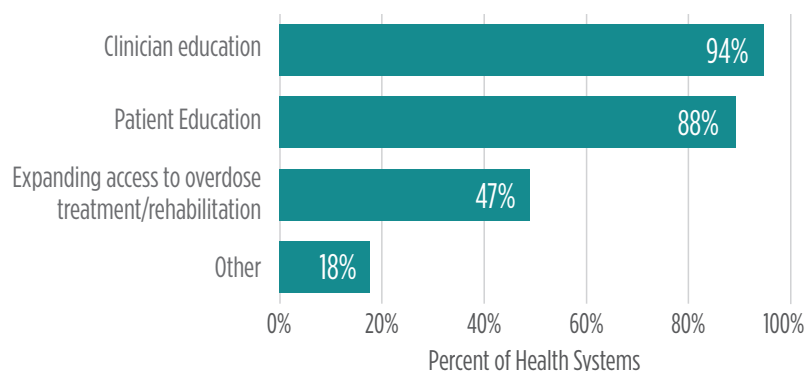


**FIGURE 5. WHAT ELEMENTS ARE INCLUDED? (PLEASE CHECK ALL THAT APPLY.)**



At the hospital level, most health systems are addressing the opioid epidemic through clinician education (94 percent), as well as patient education (88 percent) (Figure 6). Just under half (47 percent) of health systems are expanding access to overdose treatment/rehabilitation at the hospital level. Additionally, health system executives reported leveraging the EMR, standardizing prescribing protocols, and utilizing opioid take-backs and non-opioid alternatives to pain management to address opioid abuse.

**FIGURE 6. HOW IS YOUR HEALTH SYSTEM ADDRESSING THE OPIOID EPIDEMIC AT THE HOSPITAL LEVEL? (PLEASE CHECK ALL THAT APPLY.)**



Top areas of focus for health systems in addressing the opioid epidemic are education of doctors and prevention, with an average ranking of 2.30 and 2.37, respectively, on a scale of 1 (highest level of focus) to 5 (lowest level of focus). Over half (53 percent) of respondents ranked education of doctors as the top area of focus in their health system's efforts to address the opioid epidemic, followed by prevention, ranked top focus by 29 percent of respondents. Other areas of focus include expanding access to overdose treatment options (ex. Naloxone) (average rank: 3.06) and rehabilitation (average rank: 3.15). Additionally, health systems report focusing on prescribing guideline and controlled substance programs. One CMO noted, **"These are all receiving attention. To strictly focus on prevention and removal of circulating opioids without rescue meds and recovery services may drive individuals to illicit drugs."**

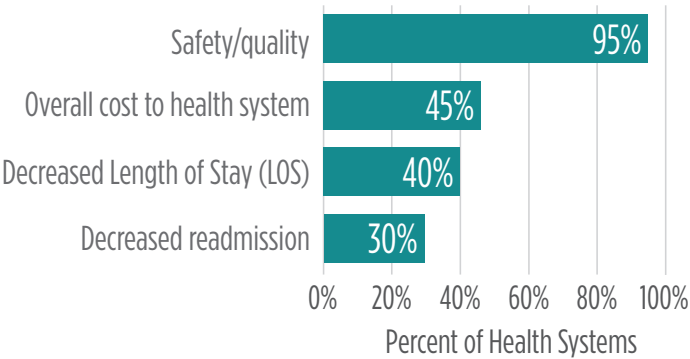
The top reasons health systems are developing opioid reduction programs are community support and government/legislation, with an average ranking of 2.60 and 3.89, respectively, on a scale of 1 (highest priority) to 8 (lowest priority). Half (50 percent) of responding health systems ranked community support as the top priority reason they are developing an opioid reduction program, followed by government/legislation, ranked number one by 28 percent of respondents. Other factors include competitive differentiator (average rank: 4.41), readmissions (average rank: 4.68), patient satisfaction (average rank: 4.72), cost (average rank: 4.94), and length of stay (average rank: 5.67). Health systems also reported quality and safety and reducing supply as priority reasons for developing an opioid reduction program, as well as a mission-driven requirement to improve community health.

Reflective of health systems’ focus on reducing opioid abuse, almost all (95 percent) responding health systems indicated a willingness to consider purchasing a drug that is less addictive, higher quality, and requires a lower dosage than opioids, regardless of a higher price point (Figure 7).

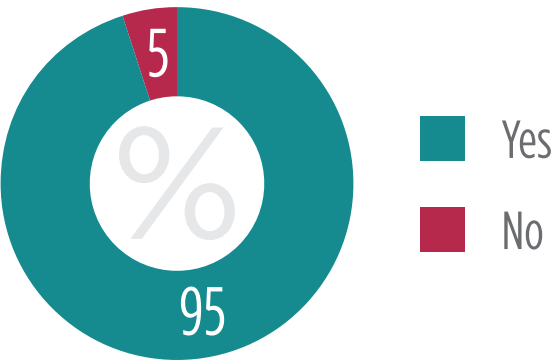
Health systems would justify the higher spend on such a drug by focusing on improved quality/safety (95 percent) and overall cost to the health system (45 percent) (Figure 8). Decreased length of stay (LOS) (40 percent) and decreased readmissions (30 percent) are also factors health systems would consider in making a purchase decision.

Reflective of health systems’ focus on opioid reduction strategies, three-fourths (75 percent) of health systems feel prepared to offer an opioid-free or opioid-reduced approach to pain management for patients recovering from drug and/or alcohol addiction if they were to need surgery today (Figure 9).

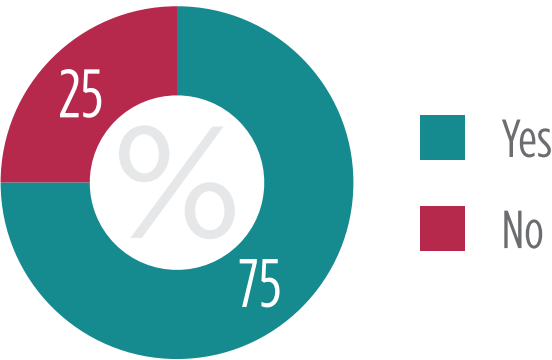
**FIGURE 8. HOW WOULD YOUR HEALTH SYSTEM JUSTIFY THE SPEND?**



**FIGURE 7. IF A DRUG IS AVAILABLE THAT IS MORE EXPENSIVE THAN AN OPIOID, BUT IS LESS ADDICTIVE, HIGHER QUALITY, AND REQUIRES THE PATIENT TO TAKE LESS MEDICATION, WOULD YOUR HEALTH SYSTEM CONSIDER PURCHASING IT?**

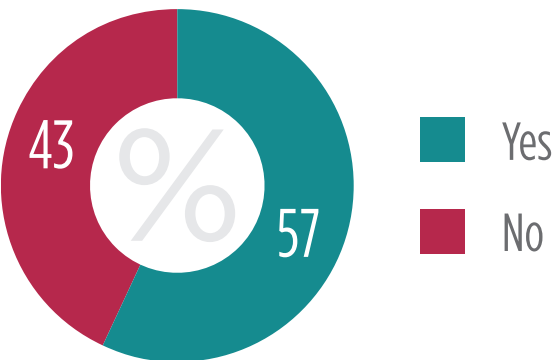


**FIGURE 9. IF A PATIENT RECOVERING FROM DRUG AND/OR ALCOHOL ADDICTION NEEDED SURGERY TODAY, DO YOU FEEL PREPARED TO OFFER HIM/HER AN OPIOID-FREE OR OPIOID REDUCED APPROACH?**

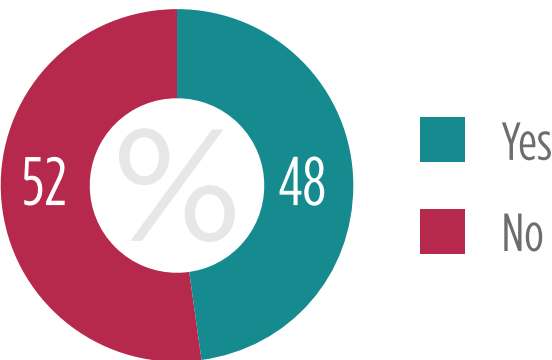


A majority of responding health systems currently include patient reported pain scores as one of its measures of success (57 percent); however, less than half (48 percent) of executives believe this should be included as a measure of success for their institution (Figures 10A, 10B).

**FIGURE 10A. DOES YOUR HEALTH SYSTEM CURRENTLY INCLUDE PATIENT REPORTED PAIN SCORES AS ONE OF ITS MEASURES OF SUCCESS?**



**FIGURE 10B. DO YOU PERSONALLY THINK THIS SHOULD BE INCLUDED AS A MEASURE OF SUCCESS FOR YOUR INSTITUTION?**



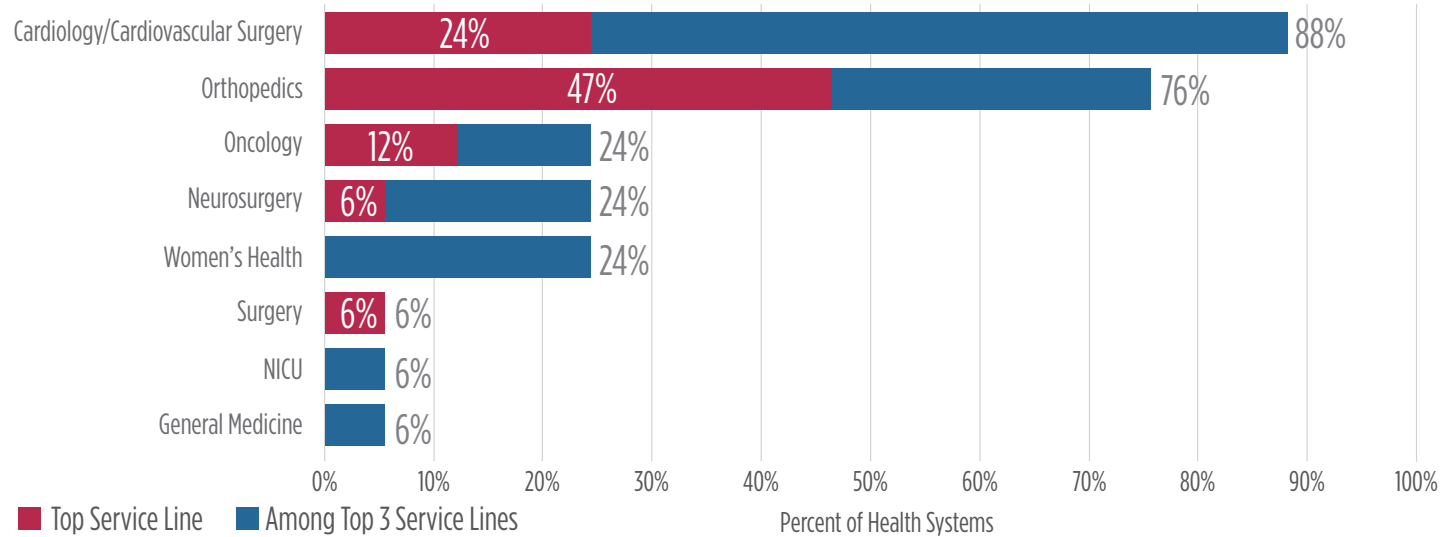
Those that do not believe patient reported pain scores should be included as a measure of success (52 percent) commonly sight unintended consequences, such as the opioid crisis. Additionally, executives also report including patient reported pain scores can create misaligned incentives and may result in the prescription of excess medication to reduce the pain score. One Clinical Executive commented, **“I think it is fine with realistic expectations, but absence of all pain is not the goal.”**

Those that do believe patient reported pain scores should be included as a measure of success (48 percent) commented that these scores are an important piece of information that is central to patient satisfaction and providing a patient-centered approach to care. Pain scores are viewed by executives as a key symptom and patient reported outcome that providers have a professional responsibility to address to ensure they are meeting patients’ needs related to pain control. However, multiple executives noted that pain scores should be only one of several measures of success and are most useful when well defined.

**“While imperfect as a measure, it keeps the clinical team on its toes address patient concerns and highlight a key issue to meet and exceed our patients’ expectations.” (CMO)**

Most responding executives reported Cardiology/Cardiovascular surgery (88 percent) and Orthopedics (76 percent) were among the top three revenue-generating service lines at their health system (Figure 11). Oncology (24 percent), Neurosurgery (24 percent), and Women’s Health (24 percent) were also among systems’ top three service lines that generate the most revenue.

**FIGURE 11. PLEASE LIST THE TOP 3 SERVICE LINES THAT GENERATE THE MOST REVENUE AT YOUR HEALTH SYSTEM (E.G., WOMEN’S HEALTH, BARIATRICS, ORTHOPEDICS, ETC.)**



## CONCLUSION

With an opioid prescribing rate of 66.5 prescriptions per 100 people in the United States in 2016, amounting to 214 million total prescriptions nationally (1), providers and health systems must be highly involved and engaged in managing and reversing the opioid crisis. Recognizing the severity of the problem, Leading Health Systems have prioritized this issue and most have developed and implemented system-wide programs to manage opioid prescription rates and offer expanded access to overdose treatment and rehabilitation.

As Leading Health Systems continue to work on this issue, a key step will be the ability for providers to offer opioid-reduced or opioid-free approaches to post-surgical pain management. Utilizing alternative, non-opioid treatment options may assist in reducing opioid addiction and abuse.

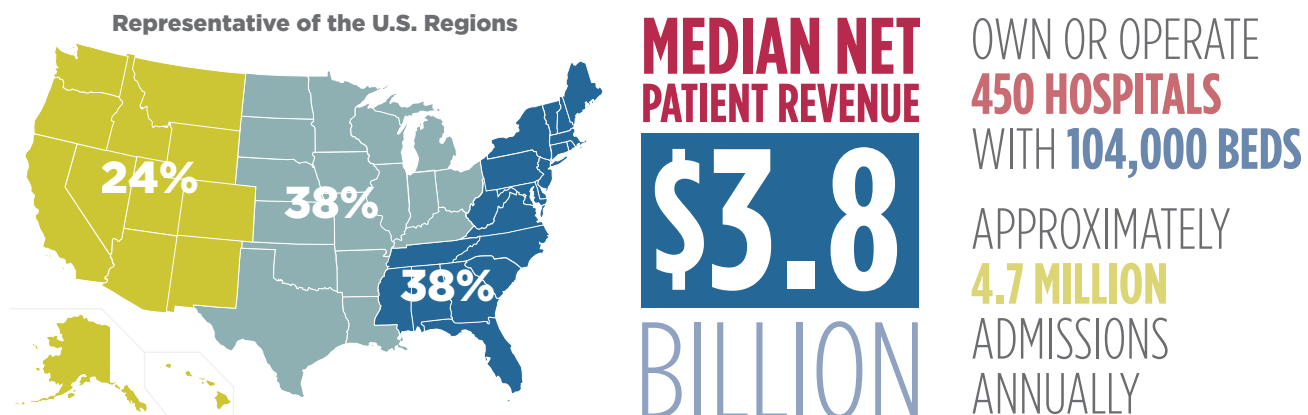
## REFERENCES

1. Opioid Overdose: U.S. Prescribing Rate Maps. Centers for Disease Control and Prevention. Website. Accessed 15 Feb 2018. <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>.
2. About the U.S. Opioid Epidemic. U.S. Department of Health and Human Services. Website. Accessed 15 Feb 2018. <https://www.hhs.gov/opioids/about-the-epidemic/>.
3. U.S. Department of Health and Human Services. HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis. 26 Oct 2017. [Press Release]. <https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>.

## METHODOLOGY

In November 2017, The Health Management Academy conducted a quantitative survey of Leading Health Systems regarding strategies implemented to address the opioid epidemic. The 21 responding Chief Medical Officers (CMOs), Chief Operating Officers (COOs), Medical Group Leaders, and Clinical Executives represent health systems with a median Net Patient Revenue of \$3.8 billion that own or operate 450 hospitals with over 104,000 beds and approximately 4.7 million admissions annually.

## PROFILE OF PARTICIPATING HEALTH SYSTEMS



## PARTICIPATING HEALTH SYSTEMS



## THE HEALTH MANAGEMENT ACADEMY, “THE ACADEMY”

The Health Management Academy (The Academy) is a membership organization exclusively for executives from the country’s Top-100 Health Systems and most innovative healthcare companies. The Academy’s learning model identifies top priorities of health system leaders; develops rich content based on those priorities; and addresses them by convening members to exchange ideas, best practices, and information. The Academy is the definitive trusted source for peer-to-peer learning in healthcare delivery with a material record of research and policy analysis. Offerings include C-suite executive peer forums, issues-based collaboratives, leadership development programs, research, advisory, and media services. The Academy is an accredited CE provider. More information is available at <http://www.academynet.com>

## PACIRA PHARMACEUTICALS

Pacira Pharmaceuticals, Inc. (NASDAQ:PCRX) is a specialty pharmaceutical company dedicated to advancing and improving postsurgical outcomes for acute care practitioners and their patients. The company’s flagship product, EXPAREL® (bupivacaine liposome injectable suspension) was commercially launched in the United States in April 2012. EXPAREL utilizes DepoFoam®, a unique and proprietary product delivery technology that encapsulates drugs without altering their molecular structure, and releases them over a desired period of time. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids, visit [www.pacira.com](http://www.pacira.com).

The Health Management Academy extends its appreciation to Pacira for the financial support for this project.

