

# Providing Feedback to Care Providers about their Opioid Prescribing Practices

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# Study Design

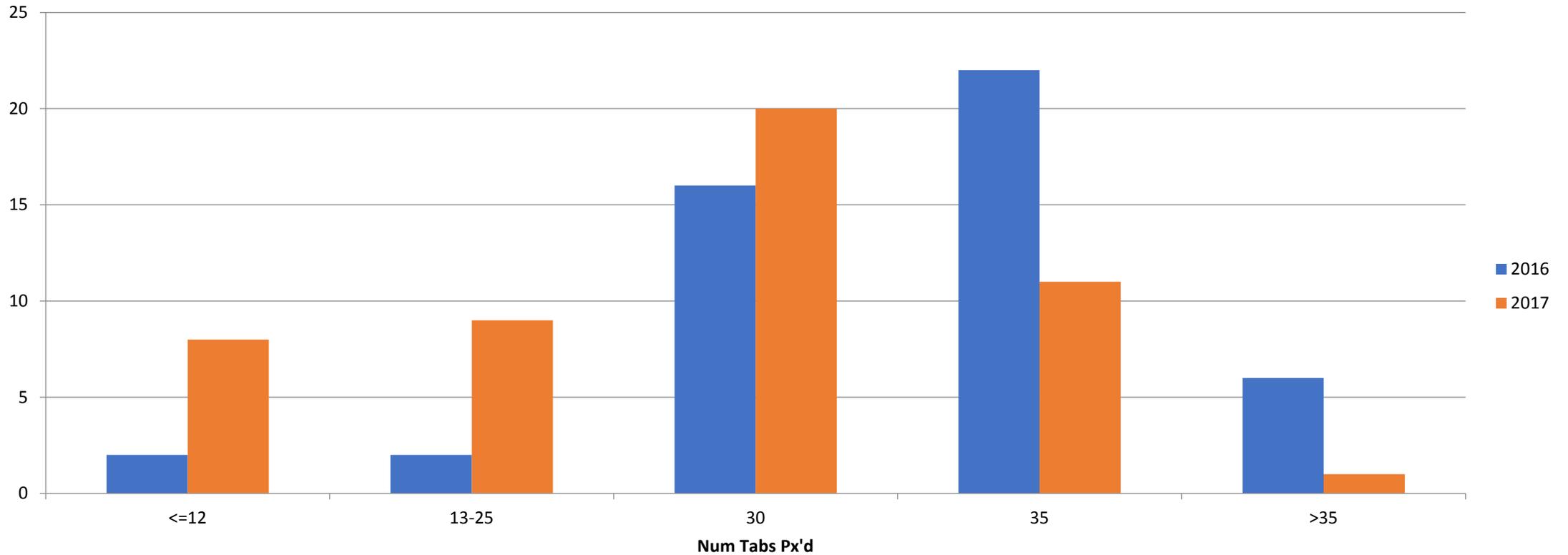
- Collect data from Epic for January-March 2016
  - Demographic data
  - Prescriptions issued
  - NO chart review. Thank you, Epic.
- Provided feedback in a quality report in September 2016
- NO INDIVIDUAL FEEDBACK PROVIDED, but discussed
- Recollect the same data from January through March 2017

# Findings

- The number of prescriptions for patients who delivered vaginally decreased in a statistically significant rate (15 to 9%)
- The number of prescriptions for patients who delivered by cesarean section trended lower (100 to 93%), but it wasn't statistically significant
- The median number of tablets and morphine equivalents decreased significantly

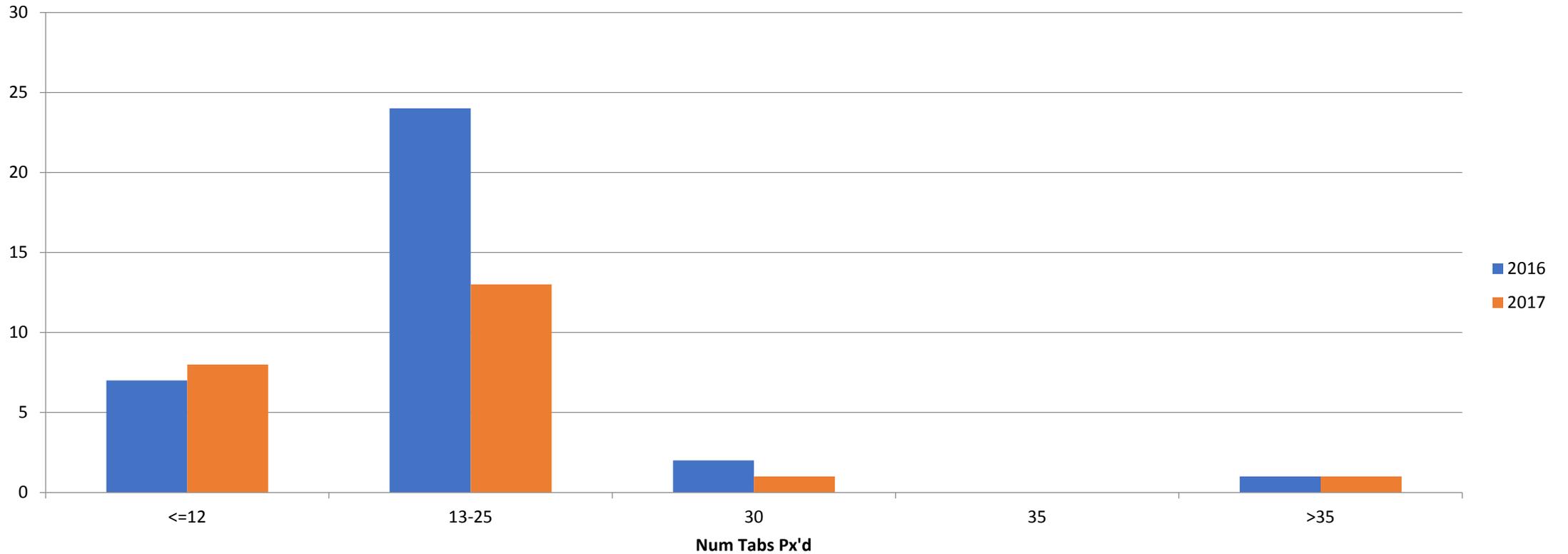
# Number of Tablets Prescribed

Lortab Rx C-section



# Number of Tablets Prescribed

## Lortab Rx Vaginal



# Primary Findings

- We believe care providers responded to feedback. However, there has been a lot in the news about over-prescribing.
- Most of us are unaware of what others are prescribing, so this helped open a discussion. Outliers identify their status and cut back in prescribing.
- Prescribing practices serves as an excellent quality improvement project that could improve patient care and decrease the number of prescription opioids in the community.

# Currently Investigating:

- 5 of 17 patients who were given prescriptions for opioids postpartum never filled them. Why?
- We found that only 4% of patients called for refills over the next 6 weeks.
- 8.8% patients had received opioid prescriptions during the pregnancy. They didn't request more prescriptions after delivery than the other patients
- Smokers were give more prescriptions (requested?)

# Other Findings

- All patients are screened for depression. There was no correlation between depression scores and prescriptions. We looked at this 3 different ways.
- Patients who had an episiotomy were 3X more likely to receive a pain prescription, but there was no difference in patients who suffered lacerations.

# Conclusions and Cautions

- *Prescribing* is not totally understood
  - Who initiates the prescription?
  - Why are there so many unfilled opioid prescriptions in this study?
  - Are patients more likely to fill written than electronically prescriptions?
  - Why do we ALL keep unused medications?
- Pain does exist
- Opioids are extremely useful
- The pendulum is swinging. . .
  - Let's educate our physicians (and patients) to “right-size” our prescribing rather than indiscriminately legislate down-sizing opioid prescribing