inSight Advisory℠ | CLINICAL PERFORMANCE

PERIOPERATIVE PAIN MANAGEMENT COLLABORATION SUMMIT

April 12-13 | Nashville, TN

EXECUTIVE SUMMARY

HEALTH SYSTEM PARTICIPANTS:

Physicians, pharmacists, nurses and healthcare executives from:

LifePoint Health – Brentwood, Tennessee
Tenet Healthcare - Dallas, Texas
Community Health Systems – Franklin, Tennessee
HCA's TriStar Division – Nashville, Tennessee
Scripps Health - San Diego, California

HEALTHTRUST℠

OBJECTIVE: To create provider-specific action plans for building an effective perioperative pain management program

THE SOBERING STATISTICS

More than 80 percent of patients experience postoperative pain (typically moderate to extreme)

Prescription drugs are responsible for at least half of all opioid-related deaths

Drug overdoses now kill more people in the U.S. than car crashes

Enough prescriptions are written each year for opioids to provide every American adult with their own bottle

Persistent opioid use 90 days after surgery is common in narcotic-naïve patients and is associated with behavioral and pain disorders, making it a surgical complication

BACKGROUND

Post-surgical pain has traditionally been managed primarily by administering opioid drugs, which recent studies have demonstrated to be associated with higher rates of complications. This practice has also inadvertently contributed to the ongoing opioid epidemic. Perioperative pain management has emerged as the central tool for reducing the occurrence of this hospital-acquired condition.

From a medical and scientific standpoint, it is well known how to optimize pain management with less opioids. Healthcare providers struggle with how to implement changes of such sweeping proportion across their organization. It is critical that patient expectations be properly managed prior to surgery (through education and a preoperative evaluation) so they understand some pain is good and should be expected.

How pain gets assessed and relieved varies considerably among physicians. Given their autonomous natures, standardization efforts may be met with resistance. Physicians do respond well to clinical data and science, opening the door to meaningful dialogue. Their engagement is a necessary precursor to the creation of a perioperative pain management program—a good first step toward development of enhanced surgical recovery protocols.

MEMBERS IN ACTION: DAY ONE

In advance of the Summit, HealthTrust compiled relevant literature for clinical data and scientific evidence, best practices and experiences to help guide program development and shepherd change. The first day began with participating health systems taking turns providing a briefing on the current state of pain management in their organization. Teams brainstormed over a series of group assignments they were tasked with completing in short time periods. Throughout the Summit, a graphic scribe creatively documented all of the collaborative output.

Participants initially broke into teams, including HealthTrust subject matter experts as discussion facilitators, for a scanning exercise that involved reviewing pre-selected readings and sharing back what they learned with one another. The teams reported out to the larger group on their respective topics: clinical findings and best practices; tools and resources for effective perioperative pain management programs; organizational change/program implementation; and the value of more comprehensive enhanced surgical recovery programs.

Participants next were asked to imagine a future state three years out when pain was being managed as effectively as possible in their health system, and then backcasted to identify the key strategies, actions and challenges that were addressed to achieve the vision. This activity was shared with other participants in a group discussion.

More group work followed, with newly configured design teams working for two rounds on their assignment to describe: the ideal perioperative pain management system; education and communication needs and means; implementation approach; or how to measure and evaluate success. Report-outs to the room followed each round.

CROSSING THE FINISH LINE: DAY TWO

Day two began with a quick recap of key learnings, questions and suggestions. Participants reached consensus that the focus needs to be on reducing opioid usage, building interdisciplinary cooperation and educating patients about the risks of narcotic addiction.

Participants then worked on two successive rounds of strategic action planning, resulting in health system-specific action plans. Topics in this session included desired goals, key strategies, stakeholders, deployment approach, resources, accelerators and barriers, and how to evaluate programs. The second part of this session was designed to create a 30-day action plan for each participating health system.

HealthTrust delivered to participants a comprehensive Summit summary that captured the collective contributions one week after the conclusion of the Summit. It included guideposts for addressing barriers to change and misperceptions about the healing process, better identifying vulnerable populations, boldly communicating the vision for a perioperative pain management program and defining success.

LESSON 1: RAISE AWARENESS

The healthcare industry has unwittingly been contributing to the opioid epidemic. The Hippocratic Oath, to “first, do no harm” is a compelling reason to eradicate hospital-acquired narcotic dependency.

Education is the most pressing need, on every front. Patients need to understand the side effects (beyond possible opioid dependency) of any painkiller they’re prescribed, and clinicians need to be conversing about narcotics with them in the classroom and at the bedside. Physicians—surgeons as well as those in emergency medicine and primary care—must lead the charge and deliver a consistent and compelling message across the care continuum. The buy-in of healthcare executives is vital; many of them are likely unaware of the magnitude of the problem.

Clinicians will need to understand how and why to ask more probing questions of patients prior to surgery, both to temper unrealistic pain relief expectations and proactively identify active and recovering addicts.

LESSON 2: COLLABORATE

An effective perioperative pain management program requires multifaceted strategies across the care continuum, ongoing collaboration and clear, concise communication to hardwire change. There are multiple opportunities for interdisciplinary learning between advance practice nurses, pharmacists and other clinicians, as well as medical specialists who have experience in patient profiling prior to surgery.

Cross-disciplinary execution is also required, given that the original prescribing physician isn't the only one patients might visit in the postoperative period. Primary care and emergency department physicians must be aware of the opioid dependency problem and work to minimize it.

LESSON 3: MEASURE WHAT MATTERS

Physicians who control patient exposure to pain medications do so because they care about patients. Traditional pain scales may reinforce the prevailing message to "avoid pain at all costs" when the focus should be on tracking the patient's recovery progress.

Measuring the overall success of a perioperative pain management program creates challenges. Summit participants proposed a menu of metrics that might be explored to quantify program effectiveness: lower narcotic usage per DRG and per nursing unit, positive changes in prescribing patterns, reduced post-surgical complications and improved readmission rates. It will be challenging to measure and benchmark hospital-acquired opioid abuse, which a few Summit participants suggested might better be termed a community-acquired condition.

LESSON 4: START WITH QUICK WINS

Participating health systems had similar thoughts on initial steps at their respective organizations, as well as some differences in strategies. Awareness and education were the common themes, including having a presentation to take to major constituents, getting executive buy-in, and dissemination of information at staff meetings across the hospital. The consensus was to start with quick wins, such as creating an elevator speech for clinical leads, building compelling patient stories and developing a preoperative patient education handout.

In keeping with the suggestion to jumpstart interest in perioperative pain management with a powerful message that goes out nationally, several physicians participated in a post-Summit interview with National Public Radio that discussed the courageous steps their hospital will be taking to address the opioid epidemic.

For more information about the Perioperative Pain Management Collaboration Summit, and other ways HealthTrust is helping health systems improve clinical and operational performance, contact:

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