



E-OUAL EMERGENCY QUALITY NETWORK

Opioid Initiative Wave I ALTO – The Colorado Experience







Presenter



Donald Stader, MD

THE COLORADO ALTO PROJECT

HOW AN ENTIRE STATE IS COMMITTED TO IMPLEMENTING ALTO IN THE ED

NO CONFLICTS OF INTERESTS TO DISCLOSE NO RELEVANT FINANCIAL DISCLOSURES

DONALD STADER MD, FACEP EDITOR-IN-CHIEF. COACEP 2017 OPIOID PRESCRIBING AND TREATMENT GUIDELINES SENIOR PAIN MANAGEMENT & OPIOID POLICY ADVISOR, COLORADO HOSPITAL ASSOCIATION

Thank you to Drs. Alexis LaPietra & Mark Rosenberg from St. Joseph's

The New Hork Times

HEALTH

An E.R. Kicks the Habi of Opioids for Pain

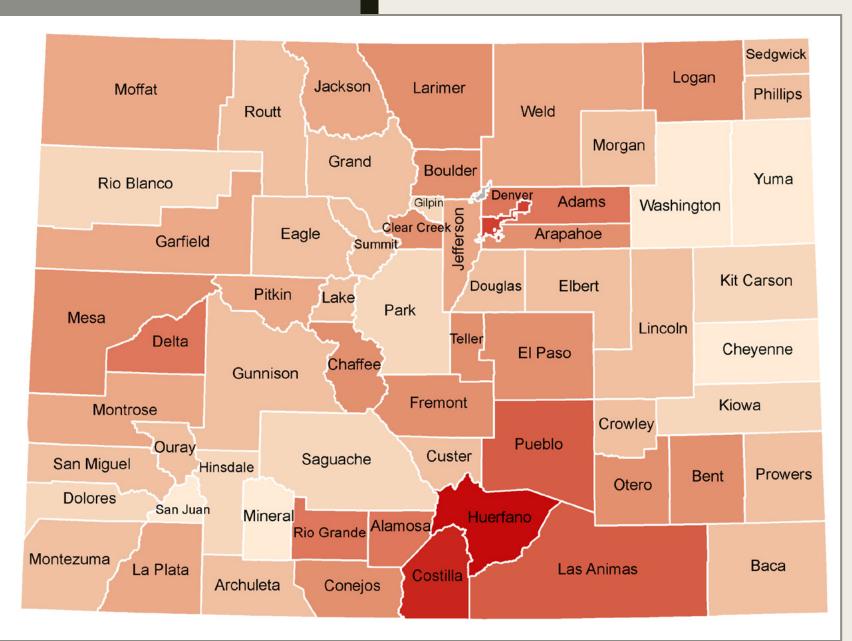
Instead of opioids, an E.R. in New Jersey now treats many pain patients alternatives like laughing gas, trigger-point injections and even a therapy

By JAN HOFFMAN JUNE 10, 2016

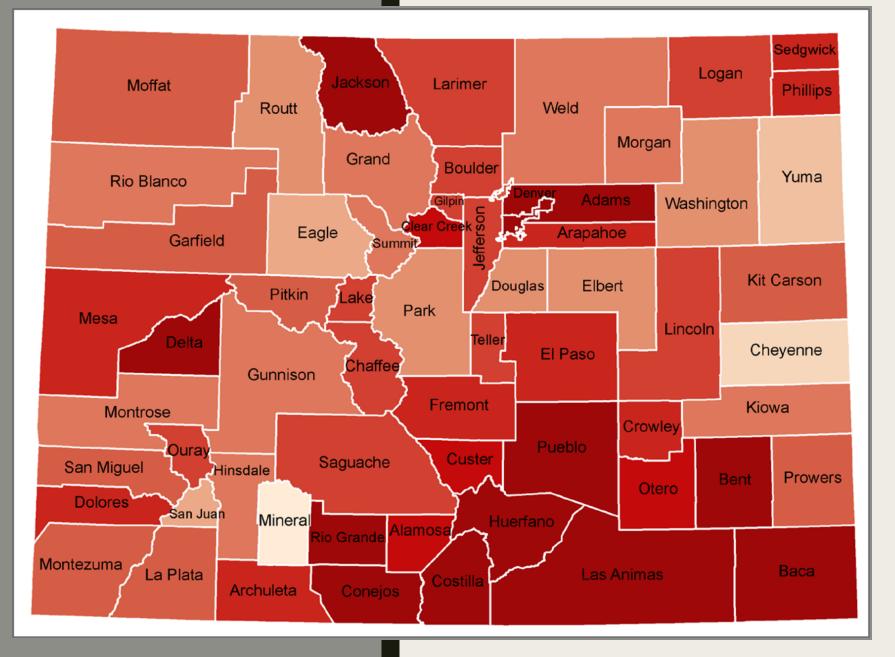
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Thanks to Colorado Hospital Association





Colorado Counties overdose death rates: 2002



Colorado Counties - overdose death rates 2014

COLORADO'S RESPONSE

COLORADO ACEP

2017 OPIOID PRESCRIBING

& TREATMENT GUIDELINES

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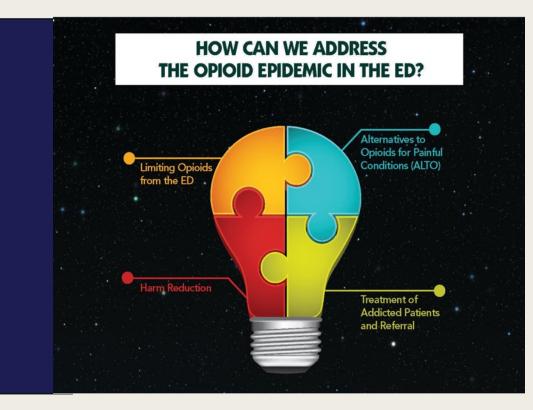
ONE TABLET B

EVERY DAY

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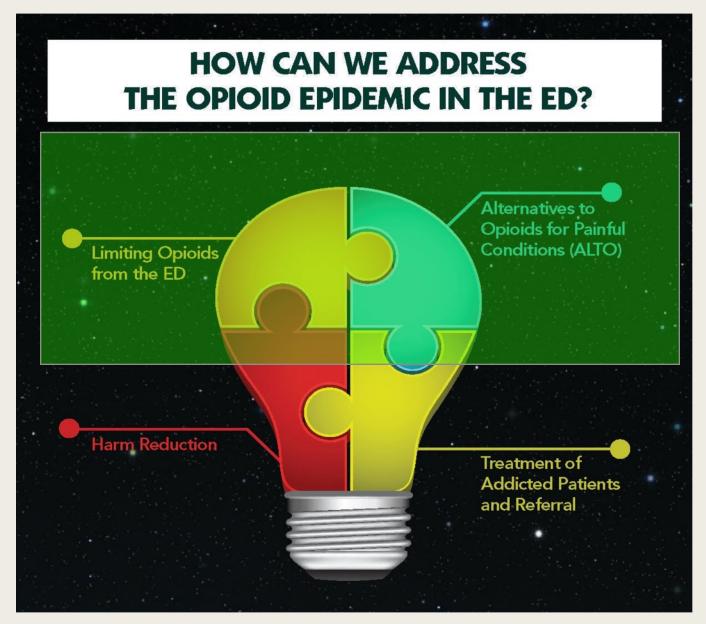
Prescription Medi

MOUTH EVERY D



https://coacep.org/docs/COACEP_Opioid_Guidelines-Final.pdf

4 Pillars of Care



Alternatives to Opioids – COACEP Guidance

- 1. Support use of non-opioid medications as first line therapy
- 2. Use opioids as second line treatment or rescue therapy
- 3. Multimodal and holistic approach to pain management
- 4. Provide pathways for common ED pain presentations:
 - kidney stones
 - low back pain
 - fractures
 - headache
 - chronic abdominal pain

COLORADO ACEP 2017 OPIOID PRESCRIBING & TREATMENT GUIDELINES



IT TAKES A TEAM: The Colorado Opioid Safety Collaborative







COLORADO CHAPTER American College of Emergency Physicians ADVANCING EMERGENCY CARE



Telligen®

Colorado Opioid Safety Pilot

Opioids Used

Total administration (in MEUs)/1,000 ED visits

Total administrations/ 1,000 ED visits

ALTOs Used

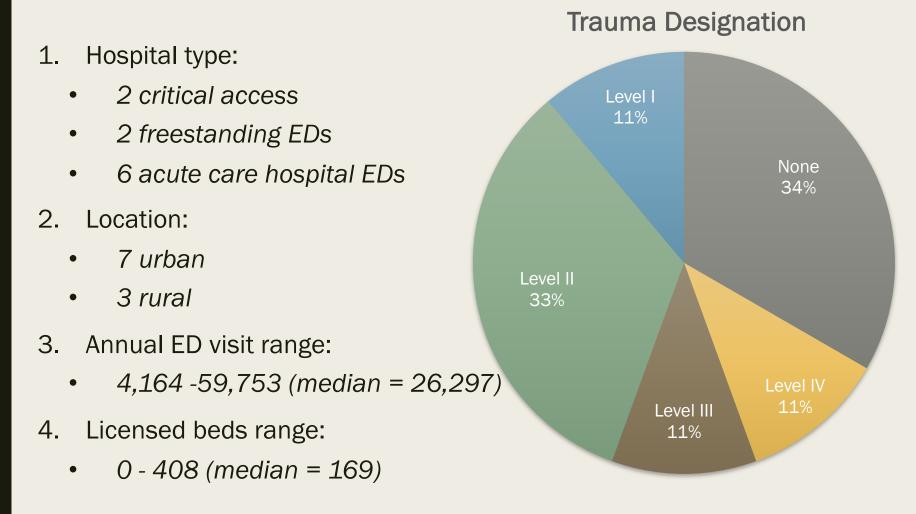
Total number of treated pain visits/1,000 ED visits

Total number of treated pain visits/1,000 ED visits ED HCAHPS Responses

> How well was your pain controlled?

Would you recommend this ED?

ALTO Pilot Participating Hospital Characteristics



Overall Results from 6 Month Pilot

in opioid administration

Measured in MEUs/1,000 ED visits across all 10 EDs 2017 vs. 2016

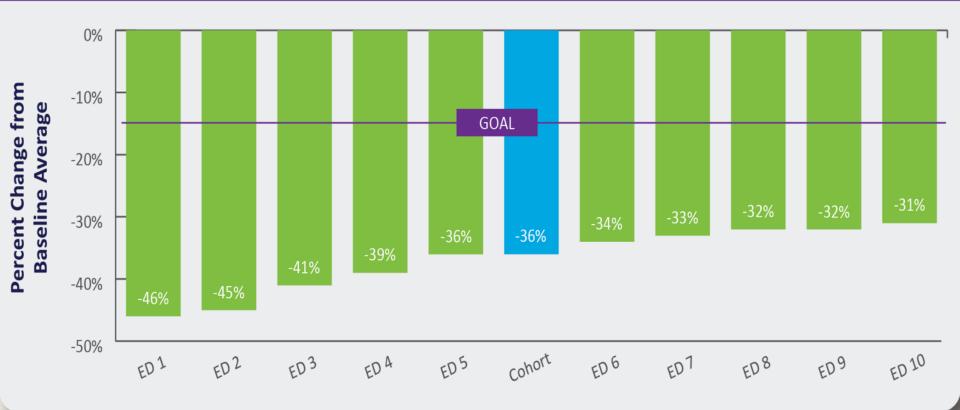


in ALTO administration

fewer opioid administrations 2016 vs 2016 over the 6 month pilot

Overall Results – by Site

Percent Change from Baseline in MEUs per 1,000 ED Visits



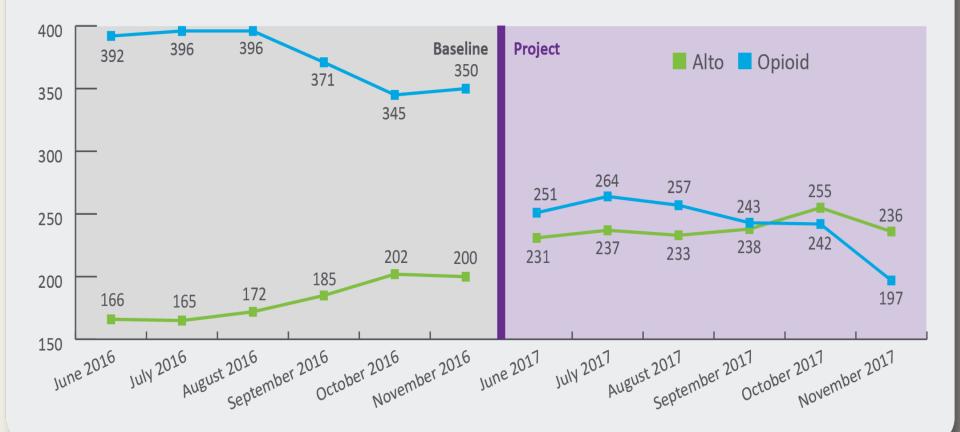
Overall Results

Average Morphine Equivalent Units per ED Visit

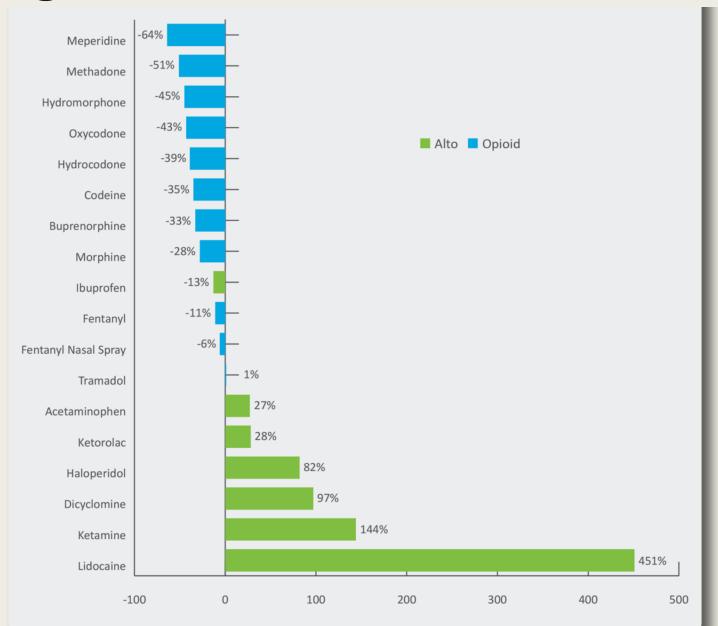


* Reductions in MEUs/visit decreased throughout the pilot period

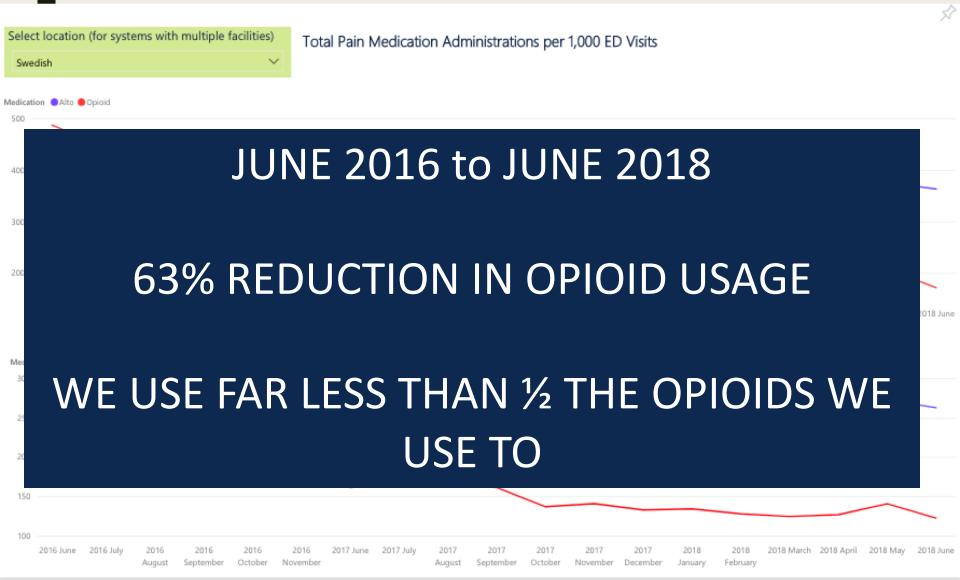
ALTO vs. Opioid Use Over Time



Change in Medication Administration



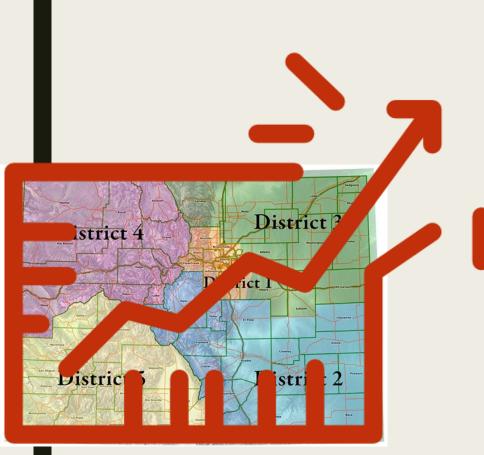
WHAT HAPPENED WHEN THE PILOT STOPPED?



2018 - Colorado ALTO Project



HOW TO YOU MAKE IT SCALABLE?



- 1. Engage stake holders at all levels
- Provide Education in Person as Much as Possible...go to the hospitals & clinicians.
 - Over 7 regional & systems trainings in 2018...likely more
- 3. Make it easy to implement for hospitals and health systems
 - Check lists
 - Communication plans
 - Common barriers / solutions
- 4. Make Education Available Online with a central resource hub: <u>www.cha.com/alto</u>
- 5. Be available and easy to contact

Updates

- 1. Hundreds of clinicians trained.
- 2. 61 Emergency Departments in process of implementation
- 3. Multiple trainings planed for rest of 2018
- 4. Other states have adopted our COACEP Guidelines & CHA Training materials and plan to implement through their states.
- 5. Federal Bill had passed House. Awaiting Senate Approval. H.R. 5197.
 "Alternatives to Opioids (ALTO) in the Emergency Department Act"



Thank you & please feel free to contact me if any questions.

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For More Information

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