Opioid Stewardship
Evaluating RPMS
Opioid Dispensing Data

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Objectives

- Understand the role of data and surveillance in combatting the opioid epidemic
- Describe available tools and best practices surrounding opioid dispensing data surveillance to inform professional practice evaluation and foster continuous quality improvement practices
- Demonstrate the configuration and utilization of the IHS RPMS Report and Information Processor (RRIP)
- Apply information from pre-populated tables to analyze dispensing data
Public Health Surveillance and the Role of Data in the Opioid Epidemic

• HHS Opioid 5-Point Strategy—Better Data
  – HHS is supporting more timely, specific public health data and reporting, including through accelerating CDC’s reporting of drug overdose data.

• Data storm: National Vital Statistics; National Center for Injury Prevention and Control; Sexually Transmitted Diseases

• IHS Data Sources
Opioid Stewardship—Using Data

The IHS CMO “Charge”—Issued August 2018

- CMOs, CDs, Pharmacy Directors, Area Pharmacy consultants all have access to tools to monitor opioid prescribing within their respective Areas or Service
- A multidisciplinary approach is essential. Areas should consider sharing summary data with Area Nurse Consultants, Area Quality Officers, Area Behavioral Health consultants
- Tools exist that assist us in identifying prescribing patterns and identifying outliers, patients at risk, and patients for whom lifesaving interventions are readily identifiable
- We need to ensure these tools are deployed at all Federal service units.
- Safe opioid prescribing should be a part of the QAPI program and reported to and overseen by the Medical Staff and the Governing Body.
  - Examples of data utilization include:
    - Local patient-level analysis for use in pain committee and patient therapy plans
    - Professional Practice Evaluation (OPPE, Peer Review)
    - Benchmarking dispensing trends between facilities
Opioid Stewardship Efforts

• Assists with identification of potential prescriber outliers. The tool should also be used to inform medication safety committee reviews as well as support team-based care pain committee review processes.

• Oversight of Opioid dispensing data should be developed as a component of the professional practice evaluation standards. The data should be reviewed at the regional and local level as part of the QAPI, Medical Staff, and GB processes. Any necessary prescriber interventions should be conducted at the local or regional level.

• Professional practice evaluation should reference local chronic pain policy requirements as informed by IHM Part 3, Chapter 30 and Chapter 32.

• Future plans include design and deployment of an opioid stewardship dashboard in ‘Qlik’. Sites should NOT wait for this tool to begin opioid stewardship activities.
Opioid Stewardship—Using Data

- An evaluation of dispensing data can:
  - Inform medication safety committee reviews
  - Support integrative team-based care strategies
  - Assist with identification of potential outliers
  - Enhance professional practice evaluation standards and evaluate prescriber adherence with agency policy
  - Facilitate local and regional opioid stewardship reviews and establish benchmarks as part of continuous quality improvement for Medical Staff and Governing Board structures
RPMS Report and Information Processor (RRIP) Overview

- The ‘RRIP’ Tool is a way to analyze RPMS data
  - It is a macro-enabled workbook that allows detailed review of pharmacy controlled substance dispensing data
  - Takes session logged reports from RPMS and puts the data into Excel
  - Uses pre-populated formulas to calculate
    - Morphine Milligram Equivalents (MMEs)
    - Concurrent benzodiazepine prescriptions
  - Creates useful customizable graphs and tables in seconds
## Controlled Substance Management (CSM) Report

**Pharmacy Division: 2017 DEMO CLINIC**

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<th>Days Supply</th>
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</table>
Getting Started

1. Tabs at bottom of main workbook contain the ‘User Manual’
2. Start with the user manual
3. Includes definitions and explanations of how data is handled, the conversion factors for MME calculations, and a list of the updates for different versions
RRIP Tool—Main Screen
RRIP Configuration

- Customizable—allows user to select the desired data points and the display order
RRIP Coaching Tools and Instructions

- Platform includes many in program instructions help guide you
RRIP Customization

- Ability to program thresholds to customize reports
- Defaults are guided by IHM Part 3 Chapter 30 requirements

Get Threshold Value

In the box below, please enter a number between 1 and 500. Patients with a total daily morphine milligram equivalent (TDMME) greater than or equal to this value will be displayed on the tab labeled "TDMME by Patient".

The IHS Manual Part 3 Chapter 30 states, "Clinicians will use caution and evaluate individual benefits and risks when increasing dosage to $\geq 50$ morphine milligram equivalents (MME)/day..." The default threshold is 50 for this reason, but you may change it to whatever best fits your needs.

Please note: Entering a number $< 30$ may significantly affect the speed of processing on large sets of data.

50 [OK] [Cancel]
RRIP Raw Data

• Tabs at the bottom contain pre-populated formulas to help analyze, interpret, and use opioid dispensing data
Daily Morphine Milligram Equivalents (DMME) by Division

Filters to further analyze the data (available on most tabs)

Double-clicking on any of these numbers will display all the scripts that created that number (available on all tabs)

Explanation of the chart (available on all tabs)
This pivot chart displays the daily average morphine milligram equivalents (MME) prescribed per prescriber for the timeframe of the original report (CSM and EDI Import). Some prescribers may appear as blanks if they prescribed controlled substances, but not narcotics during the report period. The drop-down filters can be used to further filter the results. Additionally, if you have the chart selected, you will notice 4 boxes in the bottom right section of the screen labeled “Report Filter”, “Legend Fields (series)”, “Axis Fields (Categories)”, and “Values”. If you drag the “Drug Name” from the “Report Filter” box down to below “Prescriber” in the “Axis Fields (Categories)”, you will then be able to see the average Daily MME of each drug each prescriber prescribed.

Note: If there is a large list of prescribers, you may want to filter your prescribers down to just a handful before moving the “Drug Name” to the “Axis Fields (Categories)” box. Lastly, as with all pivot tables, you can double-click the totals in the pivot table to drilldown to the data that created that number.
Total DMME by Patient

Counts of patients meeting parameters entered are in ()

Patient list from identified parameters with refill history to the right

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Drug Name</th>
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<tbody>
<tr>
<td>BISHOP, MARIA</td>
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<td>mexitilene 10MG <em>XR</em> TAB</td>
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<td>HICKEL, JENNIFER</td>
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<td>ACETAMINOPHEN/COD # Tablet</td>
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<td>AMPHETAMINE/DEXTRAMINPHET X 10MG CAP</td>
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<tr>
<td>RITE, PATIENT ACE</td>
<td>HCOXICODONE/ACETAMINOPHEN 5MG/325MG TAB</td>
</tr>
<tr>
<td></td>
<td>MORPHINE SULFATE 30MG TAB 100'S</td>
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<tr>
<td>RITE, PATIENT ACE</td>
<td>OXYCODONE/APAP 5MG/525MG TAB</td>
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The table below shows patients with at least 8 days at 2.5x TDMME.
Total # of Controlled Substances by Division

This pivot chart displays the total number of controlled substance scripts written per division for the timeframe of the original report (CSM and ERxT Import). If you would like to give context to this data, you may want to know what percentage of total script volume for each division is controlled substances. To do this, run the RRI34 report (in RRIPG) for each division for the same timeframe as the CSM report and then take the total controlled substance scripts for each division (the numbers in the graph) and divide them by the RRI34 numbers for the respective division then times by 100 to get the percentage. The drop-down filters can be used to further filter the results. Additionally, if you have the chart selected, you will notice 4 boxes in the bottom right section of the screen labeled "Report Filter," "Legend Fields (series)," "Axis Fields (Categories)," and "Values." If you drag the "Drug Name" from the "Report Filter" box down to below "Division" in the "Axis Fields (Categories)," you will then be able to see how many scripts of each drug were prescribed by each division. Lastly, as with all pivot tables, you can double-click the totals in the pivot table to drill down.

Please note: To fully understand the logic used to get the numbers on this tab and all others in this RRIPG report, please familiarize yourself with the information presented in the grey "Definitions and Explanations" tab in the main RRIPG workbook.
Total # of Controlled Substance Prescriptions by Prescriber

This pivot chart displays the total number of controlled substance scripts written per prescriber for the timeframe of the original report (CSM and ERxT Import). The drop-down filters can be used to further filter the results. Additionally, if you have the chart selected, you will notice 4 boxes in the bottom right section of the screen labeled “Report Filter”, “Legend Fields (series)”, “Axis Fields (Categories)”, and “Values”. If you drag the “Drug Name” from the “Report Filter” box down to below “Prescriber” in the “Axis Fields (Categories)” box, you will then be able to see how many scripts of each drug each prescriber prescribed. Note: if there is a long list of prescribers, you may want to filter your prescribers down to just a handful before moving the “Drug Name” to the “Axis Fields (Categories)” box. Lastly, as with all pivot tables, you can double-click the totals in the pivot table to drill-down to the data that created that.
Totals by Drug

This pivot chart displays the total number of controlled substances prescribed, sorted by drug, for the timeframe of the original report (CSM and EIM import). The drop-down filters can be used to further filter the results. Lastly, as with all pivot tables, you can double-click the totals in the pivot tab drilldown to the data that created that number.
Total Morphine Milligram Equivalents (TMME) by Division

This pivot chart displays the total morphine milligram equivalents (MME) prescribed during timeframe of the original report (CSM and DEXI Import). It is possible a smaller division may appear as a blank if no narcotic controlled substances were prescribed there during the report period. The drop-down filters can be used to further filter the results. Additionally, if you have the chart selected, you will notice 4 boxes in the bottom right section of the screen labeled "Report Filter", "Legend Fields (series)", "Axis Fields (Categories)", and "Values". If you drag the "Drug Name" from the "Report Filter" box down to below "Division" in the "Axis Fields (Categories)", you will then be able to see the average total MME for each drug by division. Lastly, as with all pivot tables, you can double-click the totals in the pivot table to drill down to the data that created that number.

Please note: To fully understand the logic used to get the numbers on this tab and all others in this RRIP3 report, please familiarize yourself with the information presented in the grey "Definitions and Explanations" tab in the main RRIP workbook.
This pivot chart displays the total morphine milligram equivalents (MME) prescribed during the timeframe of the original report (CSM and ERxT Import). Some prescribers may appear as blanks if they prescribed controlled substances, but not narcotics during the report period. The drop-down filters can be used to further filter the results. Additionally, if you have the filter selected, you will notice a filter in the bottom right section of the screen labeled "Report Filter", "Legend Fields (series)", "Axis Fields (Categories)", and "Values". If you drag the "Drug Name" from the "Report Filter" box down to below "Prescriber" in the "Axis Fields (Categories)", you will then be able to see the average Total MME of each drug each prescriber prescribed. Note: if there is a list of prescribers, you may want to filter your prescribers down to just a handful before moving the "Drug Name" to the "Axis Fields (Categories)" box. Lastly, as with all pivot tables, you can double-click the totals in the pivot table to drill down to the date that created that number.
Monthly Trend Reports

Total Opioid Script

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<tr>
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<tr>
<td>Dec</td>
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<tr>
<td>Sep</td>
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Monthly Trend Reports

TMME by Division

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<tr>
<th></th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
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Questions?
Support Team: BEMRRIPRxSupportTeam@ihs.gov

Office Hours Schedule
• Session 1: First Time Set-Up Instructions
  – Recommended Participants: Rx leadership and informatics
• Session 2: Running reports and using data
• Weekly RRIP Office Hours on Thursday mornings: 1PM EST/12PM CST/11AM MST/10AM PST