

## Recommendation Title: Academic Detailing Approach to Education and Quality Improvement for Opioid Stewardship

- **Issue Summary:** <<Insert 1 to 5 sentences here reflecting the background, key issues, needs, gaps and challenges. Because significant work has already been done to explore needs, please be succinct. Link to pertinent documents summarizing it.>>

The medical community in Colorado (and nationally) is ill equipped to handle the evolving opioid crisis. Many physicians are still overprescribing controlled substances or dangerous drug combinations, exposing many to medications that can result in an opioid use disorder, or endangering patients with medication combinations that may result in unintentional overdose, even in the absence of a use disorder. While opioid prescribing has decreased by over 40% since its high in 2012, the US remains an outlier in opioid and other controlled substance prescribing.

In general, medical systems, hospitals, clinics and clinicians have not committed to opioid stewardship and addiction treatment to the degree needed to address the current crisis. The need to develop interventions in a data driven, objective manner is essential to effectively addressing the opioid crisis. Identifying “keystone” clinicians (outlier prescribers of opioids), practices and hospitals and creating targeted education and quality improvement interventions is an urgent need

- **Transformative Outcome(s):** <<Indicate what you expect the recommendation will achieve to address the issue and how that is transformative.>>

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- Reduce the amount of opioid prescriptions prescribed by eligible prescribers of opioids, especially in counties with the highest rates if prescribed opioids and opioid overdose deaths.

- Reduce the number of counties with 1 or more high-risk prescribing practices (currently prescribers in 61 of 64 counties exhibit 1 or more high-risk prescribing practices).
- Alter opioid prescribing practices and increase alternatives for pain management.

**Recommendation:** <<Summarize the recommendation, indicating if it is a policy and/or funding recommendation.>>

Create a targeted, data driven opioid stewardship & addiction treatment education program for outlier prescribers of opioids aimed at building the knowledge and medical infrastructure needed to address the opioid crisis in Colorado, placing focus where it is needed most.

- Utilize opioid and controlled substance prescribing data, overdose data and other pertinent data elements to identify “keystone” providers, clinics and hospitals. Keystone providers are outliers in opioid and controlled substance prescribing practices or are providers who practice in areas most significantly impacted by the opioid crisis.
- Develop targeted educational and practice objectives aimed at opioid stewardship, harm reduction and OUD treatment based on needs.
- Create opioid stewardship programs and build treatment infrastructure to meet the needs of patients and address the opioid crisis, utilizing principles of academic detailing, and incentives, the Center enrolls clinicians and hospitals in focused and

comprehensive quality improvement initiatives that build knowledge.

- Measure the success of such the education programs, assuring successful implementation and improvement in regard to prescribing opioids.

**Recommended funding:** \$1.5 - 3.0 million/year - based on a similar structured approach utilized by the Compass Opioid Stewardship Program in other states. This would include data identification and mapping, advertising, provider outreach and enrollment, provider education, provider coaching, creation of durable education materials & curriculum, data collection & quality improvement monitoring, write up & reporting.

- **Justification:** <<If additional info is needed, add justification. For funding recommendations, indicate the following as appropriate:
  - Justification for one time investment.
  - Extent to which additional dollars could be leveraged
  - Ability to spend money within the given timeframe. >>

This recommendation aligns with the foundational principles of the CMS Strategy to Fight the Opioid Crisis.

Prescribers in 61 of Colorado's 64 counties have 1 or more high-risk prescribing practices above the state average. Inappropriate prescribing practices and opioid prescribing rates are substantially prescribing higher among Medicaid patients than among privately insured patients. The risks for abuse of prescribed opioids and overdose in Colorado include:

- Overlapping prescriptions from multiple providers
- High daily dosage of prescription pain relievers
- Mental illness or a history of alcohol or other substance abuse
- Living in rural areas and having low income

The proposed academic detailing approach can be rapidly implemented based on the materials and protocols of the Compass Opioid Stewardship Project.

With funding from the Center of Medicaid and Medicare Services (CMS), the Iowa Healthcare Collaborative developed the nation-wide Compass Opioid Stewardship Project. The project utilizes CMS data to identify high prescribers of opioids and controlled substances. In Colorado, data from the Prescription Drug Monitoring Program can be utilized to identify inappropriate high prescribing of opioids.

Identified prescribers are then invited to join an intensive program where they are taught opioid stewardship, controlled substance prescribing best practices and risk management, and how to integrate harm reduction, overdose education, naloxone, and OUD treatment into their practice. Beyond quality improvement work, the program has created durable education resources available to the public through lectures, videos and podcasts.

- [Compass Opioid Stewardship Website](#)
- [Compass Opioid Stewardship Recruitment Video](#)
- [Compass Opioid Stewardship Expert Spotlight Podcast](#)

- **Policy Recommendation:** N/A