Opioid Abuse: The Board May Help Solve the Problem

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Opioid abuse is a problem that pervades our society. Healthcare organizations cannot solve all of the issues, but they can help influence opioid prescribing practices. While these actions will support efforts to reduce opioid abuse, board members can better assist hospitals and health systems in contributing to a solution by learning more about the issue and what the community is doing to find solutions and creating expectations for the organization to execute internal and external solutions. The following ideas will help boards ensure that appropriate policies and procedures are implemented by management to address opioid matters.

Understand the Issue

The Centers for Disease Control and Prevention reports that U.S. clinicians wrote more than 191 million opioid prescriptions in 2017, translating to 58.7 prescriptions per 100 people.[1] While that is the lowest the rate has been in 10 years, the CDC also stated that in 16 percent of U.S. counties, enough prescriptions were dispensed such that every person who lived in those counties could have obtained an opioid prescription.

Understanding the statistics will help the board assess the community's needs and how this issue may need to be addressed within its hospital or health system. The board should consider the opioid issue, including related risks, as a part of its agenda. The following provides some insight regarding approaches the board can take:

1. **Learn about the issue in the community**. Opioids are available from multiple legal sources, including dentists and veterinarians, as well as illegal street sources. Knowing about these potential sources, and learning how addicted patients obtain opioids, will give boards a better understanding of how this can have an impact on their hospitals, as well as employed and affiliated personnel.
2. **Develop a plan for board oversight**. The board can exercise its duty of care by asking management probing questions about policies and procedures, supporting management's investment in tools for tracking and data analytics, and requesting regular updates. By encouraging focus on a "solution," boards may find ideas arise beyond management of prescriptions. For example, at University Hospitals (UH), our discussion led to the creation of the UH Pain Management Institute, which provides a holistic approach to pain management. This Institute brings together providers throughout the UH system and across multiple disciplines to optimize patient care. Since board members are key participants in the strategic planning and budgeting process, boards can encourage management to think about their treatment approaches while remembering that opioids still serve as a necessary pain management option for many patients.
3. **Participate in board education around opioid abuse and encourage the organization to develop a comprehensive education program**. We organized a quality retreat during which we provided education to our boards about opioids and addressed opioid prescribing practices and programs to manage them. We also reviewed the Controlled Substance Toolkit we developed for our employed and affiliated clinicians and support staff. The toolkit contains policies and procedures, FAQs, patient–provider controlled substance agreements, referral resources, third-party educational resources, an overview of the auditing process, and escalation resources. Additionally, we hold education programs for affiliated clinicians and provide continuing medical education (CME) credit. We include opioid education in the programming for residents, fellows, and new hires as well. For our patients, we use personalized, prepared discussions at point of care.
4. **Exercise the board's authority to privilege medical staff**. As boards carry out their duty to privilege medical staff, approve medical staff bylaws, and authorize privilege forms, they should ensure that the criteria includes expectations for appropriate opioid prescribing. The board can exercise its authority by refusing to privilege or revoking the privileges of medical staff members who do not follow appropriate opioid prescribing guidelines or otherwise fail to meet regulatory requirements. For example, many states have a prescription drug monitoring program (PDMP) where opioid prescribers are required to check a patient's controlled substance history and can subsequently identify patients who may be misusing opioids. If the board, working with the medical staff, were to require that medical staff members must disclose their reports as part of the credentialing process, it may allow for a better assessment of prescribing practices and patterns over a given period of time. Another aspect of privileging is to assess how the medical staff member has

Key Board Takeaways

Healthcare boards should consider asking the following questions to ensure management has solid policies, procedures, and processes in place:

- Have our hospitals/physicians been named in a lawsuit alleging opioid over-prescribing?
- Does anyone track prescribing practices of physicians who are privileged at our hospital? What actions do we take if a clinician is over-prescribing per applicable medical standards?
- Do we have prescribing guidelines? Do we have a way to audit for compliance with those guidelines? Do we have a process for reporting instances of clinician over-prescribing that do not meet state or internal policy requirements?
- What is our process for educating prescribers on the laws and our guidelines for prescribing opioids or alternative solutions for pain?
- Do we tie credentialing or revoke prescribing privileges for clinicians who are non-compliant with our opioid prescribing expectations/guidelines?
- Do we have technology that identifies patients at risk for opioid misuse?
- Do we have a scorecard that tracks our opioid management practices?

1 U.S. Opioid Prescribing Rate Maps, Centers for Disease Control and Prevention, 2006–2017 (available at http://bit.ly/2PhB0XI).

complied with internal policies and processes. At UH, we developed a structured audit, re-education, and escalation process to reinforce accountability. All of our caregivers understand the consequences for non-compliance, which may involve revoking prescribing privileges or credentialing altogether.

5. **Encourage the hospital or health system to join forces with others in the community**. University Hospitals is one of five hospital systems collaborating for solutions as part of the Northeast Ohio Hospital Opioid Consortium.[2] The Consortium's mission is to significantly reduce the impact of the opioid epidemic by sharing and implementing evidenced-based practices, promoting policy changes, and increasing prevention efforts. Our goal is to share data and accurately measure the impact of our efforts. Consortiums of various groups have formed across the U.S. Individually hospitals may have a strong program, but by working together they can do so much more.
6. **Support management's investment in technology to enhance efficiency**. We recently embedded the Ohio Automated Rx Reporting System (OARRS) reporting tool (a required PDMP in Ohio) into our electronic health record, a project endorsed by our board. Patient caregivers can now see information about a patient's prior use of controlled substances before issuing a prescription. We also launched a computer platform that uses algorithms to evaluate patient pain needs and risk factors for addiction or opioid-use disorder as they transition out of the hospital. We are hoping this platform will facilitate care navigation to alternative, non-pharmacologic pain treatment modalities.

Conclusion

Boards of directors can, in conjunction with executive management, create a culture that values quality care and compliance. By setting the tone at the top, board members, engaging with their medical staff and medical executive committee, can make a significant impact. Boards should **encourage** broad-based education, community collaboration, and innovative thinking; **examine** the data; **enforce** accountability; **ensure** investment in tools that help to assess risks and ensure policies are followed; and **enquire** regularly. It's critical that the board helps create a culture for the organization that mandates responsible opioid prescribing practices.

The Governance Institute thanks Thomas F. Zenty III, CEO, University Hospitals; Janet L. Miller, Esq., Chief Legal Officer and Corporate Secretary, University Hospitals; and Randy Jernejcic, M.D., VP of Clinical Integration, University Hospitals, and Physician Chair, Northeast Ohio Hospital Opioid Consortium, for contributing this article. Dr. Jernejcic can be reached at randy.jernejcic@uhhospitals.org. For more information on University Hospitals, go to www.uhhospitals.org.

2 For more information, see http://bit.ly/2RPIgYP.