

NCHA Partners with Emergency Physicians, Pharmacists on Opioid Management Guidelines

CARY, N.C., April 28, 2017 - In 2016, North Carolina's emergency departments treated more than 4,100 opioid overdoses, an average of 11 per day.¹ As part of its ongoing commitment to help address the behavioral health crisis in our state, NCHA convened front-line providers to develop new guidelines to support hospitals in fighting the growing opioid epidemic.

A specific goal of the workgroup, which included emergency physicians and pharmacists from NCHA member hospitals and health systems, was to balance care providers' duty to treat pain and decrease the risk of opioid dependence, addiction, and diversion in the emergency medicine population. Emergency providers are well-positioned to address these issues, as they see firsthand the impact of opioid overprescribing. The State Center for Health Statistics reports that commonly prescribed opioid medications were involved in more than 500 deaths in 2015.

"Inappropriate prescribing can, unfortunately, lead to addiction," said Julia Wacker, NCHA vice president of Community and Behavioral Health. "Establishing consistent policies and practices in our health systems will help prevent new cases of opioid abuse."

The NC Guidelines for Opioid Management in Emergency Departments are endorsed by the NC College of Emergency Physicians. Key recommendations include:

- Designating one medical provider with an ongoing relationship with the patient, rather than emergency providers, to prescribe all opioid medicines for chronic pain.
- Coordinating any prescription for opioid medications for chronic pain with the primary prescriber.
- Prioritizing the use of non-opioid therapies in the relief of acute and chronic pain.
- Prescribing pain medication for acute pain/injuries for the shortest duration and lowest effective dose appropriate (CDC guidelines recommend < 3 days for most acute pain).
- Counseling and educating patients who are prescribed opioids about proper usage, including risks, side effects and benefits; safe and secure medication storage and disposal; and not sharing medication with others.
- Integrating the NC Controlled Substance Reporting System into provider workflows when opioids are prescribed and utilizing information from the NCSRS in decisions about opioid prescribing.
- Denying replacement doses or prescriptions for any controlled substance prescriptions without consultation with the primary prescriber or clinic.

¹ North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)

“As emergency physicians, our goal is to provide our patients the best care possible, taking into account both short-term and long-term goals in managing their injury or disease,” said Christopher Griggs, M.D., emergency physician at Carolinas HealthCare System and workgroup member. “These guidelines reflect recent data that shows opioids can have negative long term effects, despite their intended benefit for short term pain relief. For many patients, similar or better pain relief for acute and chronic pain can be achieved with non-opioid therapies. These guidelines are an important first step, but it is ultimately up to each health system to develop appropriate policies to address the unique needs in their communities.”

In addition to aligning current policies and practices with these guidelines, the workgroup is encouraging NC hospitals and health systems to develop policies for identifying patients with or at risk for a substance use disorder. Policies should include referral to addiction programs or primary care providers for further evaluation and treatment.

NCHA is working with legislative leaders to improve access to appropriate levels of care for individuals with behavioral health care needs. In addition to [legislation approved this week](#) in the NC Senate to modernize the state’s Involuntary Commitment (IVC) statute, NCHA also is advocating for a state assessment of capacity for community-based substance abuse treatment.

NCHA’s Patient Safety Organization coordinated development of the guidelines in partnership with the NC Department of Health and Human Services and the NC Prescription Drug Abuse Advisory Committee, charged with implementing the *NC Strategic Plan to Reduce Prescription Drug Abuse*.

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NCHA is a trade association representing more than 130 hospitals providing acute care, rehabilitative, behavioral, psychiatric and veterans’ services. The association promotes improved delivery of quality and affordable health care in North Carolina through leadership, advocacy, information, and education in its members' interest and for public benefit.

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