The Target is…

ZERO LEFT

For The Medicine Cabinet

"In a month, we had collected over 40 gallons of unused medications. So you look at all these unnecessary bottles of narcotics, and its like, my God! The health care industry definitely has a role in abuse and therefore has a role in fixing that abuse."

Peter Holden, CEO
Beth Israel Deaconess Hospital
Plymouth, Massachusetts

> ZERO LEFT is not an uniquely pioneering initiative, but an initiative that highlights a few of the basic ways the health care industry can help with the current opioid crisis. In that end, it is about having ZERO pills LEFT for the medicine cabinet. Statistically 80% of heroin/fentanyl users begin their journey with prescription pills, as our son Adam did. The goal is to cut off the supply for the "Adam Moser's" of the world...
>
> Jim & Jeanne Moser

SAFE PATIENT ACQUISITION OF OPIOIDS

Per what is now New Hampshire law, as of May 3, 2016 the patient is educated on the risks of opioids BEFORE THEY BEGIN an opioid program of ANY KIND.

This education is reviewed and signed by both the patient and the caregiver.

SAFE RETURN & DISPOSAL

Educating and influencing a patient to return excess medication to a safe take-back site (soon your own hospital) or sending them home with an appropriate deactivation pouch. This occurs and is part of the patient follow-up visits.

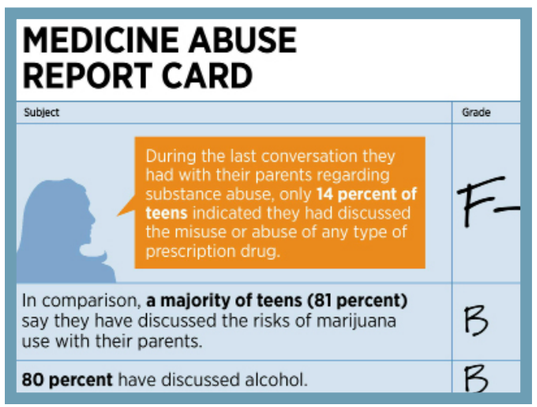
TARGETED PRESCRIBING Every Pill Counts!!!

The goal is to give the patient only as many pills as they need - through patient interaction, data collection of typical use, and comparative analysis and consequent standardization of prescribing per procedure.

"Starting patients on an Opioid Program is a momentous decision."
– Tom Frieden, Director of the CDC

SAFE PATIENT ACQUISITION

- Patient is educated and informed per New Hampshire Law (May 3, 2016) BEFORE THEY BEGIN an opioid program OF ANY KIND.
- This disclosure is signed by patient/legal representative and the caregiver - PLEASE take the time to review this in a heartfelt fashion. This is a significant educational and prevention opportunity!
- Educational brochures could be posted throughout waiting rooms and lobbies.
- Wisconsin and now Maine are both using the DOSE OF REALITY program as a state-wide public education service. Ideas within this campaign could be used locally also!



TARGETED PRESCRIBING - Make Every Pill Count!

In an acute care setting, "minor" procedures (arthroscopies, small hernias, etc.) account for a large percentage of the total surgical volume, and if you do the math, result in a significant number of narcotics distributed widely through the population. With these procedures, even though their amount prescribed per procedure is small, the cumulative excess amount is significant and needs to be viewed with high regard. If 70% of patients only use half of their pills*, this creates a significant excess distributed widely with no control factors compared to a chronic pain patient in a contract with random testing.

Methods others are using to best target their prescribing:

The Dr. Marble "Just do it" approach:
Try a 25% reduction and observe...she has had few complaints over the eight months of reducing her prescribing 25% for breast reduction procedures.

The "Exeter General surgeon's" approach:
Reduce your default amount in the Meditech order entry process. They reduced their default quantity by 50% and can increase it as needed, but the "normal" amount is now less, hopefully resulting in less overall prescribing.

Comparative Data Analysis:
Beth Israel Deaconess Hospital in Plymouth, Massachusetts has done this for their ER department initially, resulting in a 25% prescription reduction. "Providers are often surprised at their behavior since it has become their norm. They have been prescribing on autopilot." This process has recently been applied throughout their acute care systems also, resulting in more standardized prescribing per procedure.

Close the Loop of Communication:
Again, for smaller, high-volume procedures, have a process in place through your existing medical team which asks the patient how many of their prescribed pills were used. This information should be entered in the patient record, **creating data which can be used to best target future prescribing quantities**. This is a practice improvement opportunity and also another time to reinforce safe return and disposal!

PLEASE CONSIDER ONE OR MORE OF THESE PRINCIPLES TO REDUCE YOUR OPIOID PRESCRIBING!

SAFE RETURN & DISPOSAL

- Lobby and waiting room displays continually reinforce this process!
- Staff is educated on reinforcing the return process at every opportunity. PA's, NP's, MA's, RN's, and PT's all have excellent opportunities to reinforce this...over and over again.
- Use patient follow-up visits to reinforce proper disposal and collect data on how many pills the patient actually used of the prescribed amount. For minor procedures, studies suggest 70% of patients use only half of their medication!*

- If a patient "forgets" to return their surplus medication, a deactivation pouch could be provided with educational information attached.
- Become a take-back location! The New Hampshire law is changing soon to allow hospitals to become drug take-back locations! As providers, this is an opportunity to serve the community best!

Adam James Moser

Adam died September 19, 2015 from a fentanyl overdose. His path to that end had roots so familiar to the country's opioid crisis, involving prescription pills which most likely came from the medicine cabinets of our very own home. The reality of that is painful to accept. This initiative evolved from our limited knowledge of opioids... not understanding their unique addictive nature and trademark diaphragmatic paralysis, all lessons we learned too late.

HEALTHCARE CAN PROACTIVELY LEAD THE WAY:

We believe that the healthcare system, as an initiator of the opioid trail, has a strong social responsibility to have a directed process in place that attempts to bring closure to each and every opioid prescription cycle. The process would include documented office follow-up conversations and/or phone calls, data collection that ***quantifies*** how much of the opioid prescription the patient actually used, and would educate the patient and direct them toward proper disposal and closure. The result would be an opioid-educated person who is no longer using opioids as part of their recovery and also would ensure that as many people as possible dispose of their excess medication properly.

We hope that the health care industry can help to lead the education and prevention efforts necessary to increase the respect for prescription opioids, with the ultimate goal being ZERO LEFT for the nation's medicine cabinets.

REFERENCES

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