Geisinger

Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients

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April 12, 2018

Good morning, Mr. Chairman and members of the Health Subcommittee of the House Energy and Commerce Committee. My name is John Kravitz, and I am Geisinger's Chief Information Officer. I want to thank the Committee for holding this hearing on a key health issue facing our nation – one that Geisinger along with other health care providers is addressing to combat the national opioid crisis.

Opioid addiction and related deaths have skyrocketed in the United States. The death rate from opioid overdoses was five times higher in 2016 than in 1999, and my home state of Pennsylvania has the fourth highest death rate per 100,000 population. Many of the counties with the highest death rates are served by Geisinger.

Geisinger is one of the nation's largest integrated health services organizations serving a population of more than 3 million residents throughout central, south-central and northeast Pennsylvania, and in southern New Jersey at AtlantiCare, a member of Geisinger. Our physician-led system includes approximately 32,000 employees, nearly 1,800 employed physicians, 13 hospital campuses, 2 research centers, a school of medicine, and a 580,000-member health

plan. Geisinger has repeatedly garnered national accolades for our innovative care delivery models, integration, quality and service.

Geisinger has employed a multi-faceted approach to curb the use of opioids, such as utilizing information technology and electronic prescribing (e-prescribing), implementing best practices for pain management, embedding pharmacists in our primary care clinics, establishing drug take-back programs, and others. Collectively, these initiatives have significantly reduced the use of opioids by our patients and members, and increased quality care outcomes while reducing costs. Today my testimony will focus on our approach and experience with e-prescribing of opioids and the integration of information technology, and detail how this effort has translated to the reduction of opioid prescriptions and the costs of care.

With our history as an innovator in the use of electronic health records and care delivery models, we saw an opportunity to reverse these trends. Our physician leadership proposed that by limiting or eliminating the prescribing of opioids in the clinical setting, Geisinger could minimize or prevent a patient's exposure to the drugs and the consequent risk of developing an addiction that could lead to overdose and death. Reducing opioid addictions could also ease the burden on health care providers. An analysis of 942 Geisinger patients who overdosed on opioids found a steep increase in the use of acute care – especially expensive emergency department services – prior to an overdose.

We developed and initiated several approaches that focus on changing physician practice patterns to reduce the prescribing of opioids – including creating a provider dashboard linked to our electronic health record to identify current practice patterns among our providers. We found that our providers varied greatly in their approaches to prescribing opioids, with a relatively small number being heavy prescribers. We then used this information to first target the outliers and provide them with best practices for pain management.

This includes a pain management program for surgical patients where we counsel patients and their families to expect some manageable pain after relatively minor procedures – and the use of non-addictive alternatives for managing pain. In cases where our physicians believe an opioid prescription is in the best interest of the patient, our physicians are encouraged to use the smallest effective dosage prescribed for seven days or less.

For chronic pain patients and those patients at risk of addiction, Geisinger recommends rehabilitation, exercise, cognitive behavioral therapies, acupuncture, yoga and tai chi rather than opioids. This approach is supported by a study published by two Geisinger palliative care physicians that determined opioid therapy to treat chronic pain sometimes did more harm than good. Besides the risk of addiction, the researchers cited depression, impaired wound healing, disordered breathing in sleep, fractures, improper functioning of the hypothalamus and pituitary glands, and even death.

While I am not a clinician, I am pleased that information technology plays an important role in Geisinger's approach to decreasing the use of opioids. There are many concerns, for example, with prescribing opioids through a paper process, including: drug diversion, prescription forgery, provider DEA number exposure to the public, and doctor shopping to obtain opioids. We have implemented the following initiatives to help alleviate these concerns:

- Tracking documentation within the electronic health record and dashboard that shows providers reviewed the mandated state-run Prescription Drug Monitoring Program (PDMP) if they considered prescribing a controlled substance.
- Documenting findings in the patients' medical records.
- Integrating data from a pain app that measures physical activity, patient-reported pain and other metrics into the dashboard and the patients' medical records.
- Enabling electronic prescribing for controlled substances. We started this on August 23, 2017, and by February of this year 74 percent of Geisinger's controlled medications were e-prescribed, with all 126 of our clinics using e-prescribing.

Our results are encouraging, as we have reduced opioid prescriptions by about half after launching these initiatives – from a monthly average of 60,000 opioid prescriptions down to 31,000. We are now working to integrate this multifaceted approach for reducing opioid prescriptions throughout our entire organization. And we continue to look for other innovative ways to address the opioid crisis. For instance, we have pioneered an opioid takeback program that gets unused opioids out of the home medicine cabinet where they could potentially be abused.

Additional information on cost savings we realized from implementing electronic prescribing of controlled substances includes the following:

- We reduced by 50 percent the number of patient calls to determine if their paper prescriptions were available, from 660,000 per year to around 330,000 calls.
- With the number of diversions decreased, we reduced the size of the diversion staff.
- Provider time to write an opioid script went from 3 minutes per script to 30 seconds, and nursing time to prepare an opioid script went from 5 minutes to 2 minutes.

These savings have been accruing approximately $1 million savings in time and hard dollar costs.

Although the dashboard may be unique to Geisinger, we believe other health systems and hospitals can generate similar reports on opioid prescribing through their electronic health records or clinical order entry systems. The initiatives rolled out by Geisinger are broadly applicable to health care systems across the United States, and we encourage others to apply these strategies in their organizations. To succeed, organizations will need support from their physician leadership and a commitment to eliminating all unnecessary opioid prescribing.

Everything we do at Geisinger is about caring. Part of that caring means that we believe our patients and members deserve access to the best care and treatment. That is why we emphasize and support evidence-based medicine and care delivery – including e-prescribing of

opioids. The evidence and results are clear. E-prescribing has reduced forgery and diversion while helping patients to avoid unnecessary exposure to addiction and harm.

Supporting the goal of eliminating opioid addiction will take significant commitments from not only the health care industry, but from all of us – government and communities – working together to support individuals and families dealing with addiction. Geisinger wants to be a resource and an engaged partner in the process, and we welcome the opportunity to work with Congress in developing legislation and policy to improve the health of our patients and communities.

In conclusion, we have found that the use of electronic prescribing has led to improved quality care outcomes while reducing:

- Opioid prescriptions
- Drug diversion
- Prescription forgery
- Total costs of care

Thank you again for the opportunity to provide you with our thoughts on this critical health issue. I am happy to answer any questions you may have.