E•QUAL

EMERGENCY QUALITY NETWORK

Opioid Initiative Wave I

ALTO – The Colorado Experience
Donald Stader, MD
THE COLORADO ALTO PROJECT

HOW AN ENTIRE STATE IS COMMITTED TO IMPLEMENTING ALTO IN THE ED
NO CONFLICTS OF INTERESTS TO DISCLOSE

NO RELEVANT FINANCIAL DISCLOSURES

DONALD STADER MD, FACEP
EDITOR-IN-CHIEF. COACEP 2017 OPIOID PRESCRIBING AND TREATMENT GUIDELINES
SENIOR PAIN MANAGEMENT & OPIOID POLICY ADVISOR, COLORADO HOSPITAL ASSOCIATION
An E.R. Kicks the Habit of Opioids for Pain

Instead of opioids, an E.R. in New Jersey now treats many pain patients with alternatives like laughing gas, trigger-point injections and even a therapeutic arm.

By JAN HOFFMAN JUNE 10, 2016
Thanks to Colorado Hospital Association
COLORADO’S RESPONSE

COLORADO ACEP
2017 OPIOID PRESCRIBING & TREATMENT GUIDELINES

HOW CAN WE ADDRESS THE OPIOID EPIDEMIC IN THE ED?

- Alternatives to Opioids for Painful Conditions (ALTO)
- Limiting Opioids from the ED
- Harm Reduction
- Treatment of Addicted Patients and Referral

4 Pillars of Care

HOW CAN WE ADDRESS THE OPIOID EPIDEMIC IN THE ED?

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- Alternatives to Opioids for Painful Conditions (ALTO)
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Alternatives to Opioids – COACEP Guidance

1. Support use of non-opioid medications as first line therapy
2. Use opioids as second line treatment or rescue therapy
3. Multimodal and holistic approach to pain management
4. Provide pathways for common ED pain presentations:
   - kidney stones
   - low back pain
   - fractures
   - headache
   - chronic abdominal pain
IT TAKES A TEAM:
The Colorado Opioid Safety Collaborative
Colorado Opioid Safety Pilot

**Opioids Used**
- Total administration (in MEUs)/1,000 ED visits
- Total number of treated pain visits/1,000 ED visits

**ALTOs Used**
- Total administrations/1,000 ED visits
- Total number of treated pain visits/1,000 ED visits

**ED HCAHPS Responses**
- How well was your pain controlled?
- Would you recommend this ED?
1. Hospital type:
   - 2 critical access
   - 2 freestanding EDs
   - 6 acute care hospital EDs

2. Location:
   - 7 urban
   - 3 rural

3. Annual ED visit range:
   - 4,164 - 59,753 (median = 26,297)

4. Licensed beds range:
   - 0 - 408 (median = 169)
Overall Results from 6 Month Pilot

36% ↓ in opioid administration
 Measured in MEUs/1,000 ED visits across all 10 EDs 2017 vs. 2016

31% ↑ in ALTO administration

35,000 fewer opioid administrations 2016 vs 2016 over the 6 month pilot
Overall Results – by Site

Percent Change from Baseline in MEUs per 1,000 ED Visits

<table>
<thead>
<tr>
<th>Percent Change from Baseline Average</th>
<th>ED 1</th>
<th>ED 2</th>
<th>ED 3</th>
<th>ED 4</th>
<th>ED 5</th>
<th>Cohort</th>
<th>ED 6</th>
<th>ED 7</th>
<th>ED 8</th>
<th>ED 9</th>
<th>ED 10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-46%</td>
<td>-45%</td>
<td>-41%</td>
<td>-39%</td>
<td>-36%</td>
<td>-36%</td>
<td>-34%</td>
<td>-33%</td>
<td>-32%</td>
<td>-32%</td>
<td>-31%</td>
</tr>
</tbody>
</table>
Overall Results

* Reductions in MEUs/visit decreased throughout the pilot period
ALTO vs. Opioid Use Over Time
WHAT HAPPENED WHEN THE PILOT STOPPED?

JUNE 2016 to JUNE 2018

63% REDUCTION IN OPIOID USAGE

WE USE FAR LESS THAN ½ THE OPIOIDS WE USE TO
2018 - Colorado ALTO Project
HOW TO YOU MAKE IT SCALABLE?

1. Engage stakeholders at all levels
2. Provide Education in Person as Much as Possible...go to the hospitals & clinicians.
   - Over 7 regional & systems trainings in 2018...likely more
3. Make it easy to implement for hospitals and health systems
   - Check lists
   - Communication plans
   - Common barriers / solutions
4. Make Education Available Online with a central resource hub: www.cha.com/alto
5. Be available and easy to contact
Updates

1. Hundreds of clinicians trained.

2. 61 Emergency Departments in process of implementation.


4. Other states have adopted our COACEP Guidelines & CHA Training materials and plan to implement through their states.

Thank you & please feel free to contact me if any questions.

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For More Information

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