



Surgeon-led initiative to combat opioid misuse



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James was injured during a national skiing competition and needed surgery. Doctors prescribed opioids to ease his pain after the operation.

Recovering at home six days later, James thought he caught the flu. Runny nose. Muscle aches. Cold sweats. But his mom knew better. James was experiencing withdrawal symptoms after stopping his opiate medication.

James did not abuse opioids—he took them as directed. But what makes opioid medications effective for treating pain can also make them dangerous.

How we're fighting opioid addiction

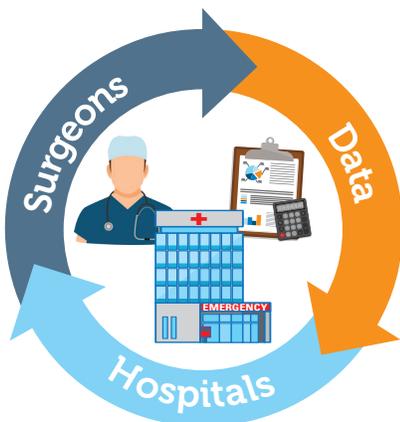
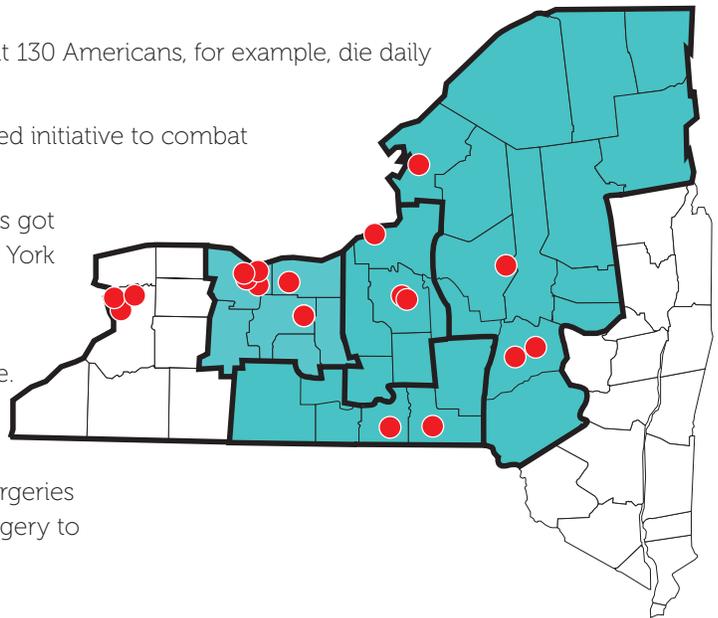
James was lucky. He recovered. But many do not. About 130 Americans, for example, die daily from opioid overdoses.

These are among the reasons we're behind a surgeon-led initiative to combat opioid misuse.

Surgeons and nurses from 18 upstate New York hospitals got together with the Health Plan through our Upstate New York Surgical Quality Initiative. We discussed ways to address the problem of overprescribing these powerful drugs.

The end goal is to reduce opioid dependency and abuse.

Our surgeon partners reviewed best practices and reached consensus on appropriate levels of opioids to provide patients. They developed guidelines for 21 surgeries ranging from more intensive total knee replacement surgery to incisionless surgery for bladder tumors.



How the approach works

Our collaborative approach blends the experience of surgeons and their hospitals with our in-house data analytics. The guidelines established by the surgeons themselves will help to ensure patients are receiving adequate pain control as they recover from surgery.

Collaborating with local providers advances our mission to improve care for our members and our communities.

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Where the idea started and what's to come

The Upstate New York Surgical Quality Initiative on opioid prescriptions began in 2018. The idea was:

1. For the surgeons and the Health Plan to develop some baseline data on those surgeries, and
2. For the surgeons to set goals that move discharge prescriptions to best-practice levels over time.

July is the beginning of the new measurement period that will be used by the surgeons to analyze, compare and demonstrate improvement.

Working together with our provider partners on this initiative will bring higher quality care to patients in our communities.

Surgeries that are part of the program include:

- Total knee replacement
- Lumbar laminectomy
- Total hip replacement
- Cervical arthroplasty/
discectomy/fusion
- Lumbar microdiscectomy
- Rotator cuff repair
- Panniculectomy
- Total abdominal hysterectomy
- Breast reduction
- Laparoscopic cholecystectomy
- Laparoscopic vaginal
hysterectomy
- Inguinal hernia repair
- Laparoscopic nephrectomy
- Laparoscopic gastric bypass
- Laparoscopic gastric sleeve
- Carotid endarterectomy
- Mitral valve replacement
- VNUS closure (varicose
vein treatment)
- Transurethral Resection of
the Bladder Tumor (TURBT)
- Endoscopic sinus surgery
- Coronary Artery Bypass Grafting
(CABG)