# Surgeons Tackling the Opioid Problem in Illinois (STOP-Illinois)

## The Problem

- **Over-Prescribing**
  - Surgeons are adding to the supply and fueling the nonmedical use of narcotics

- **Acute Surgical Pain**
  - Surgery hurts – but too many surgeons rely on narcotics as the only or the primary means for treating surgical pain

- **Chronic Pain from Surgery**
  - Chronic Post-Surgical Pain (CPSP) occurs in
    - Up to 7% of outpatient procedures\(^1\)
    - Up to 23% of inpatient procedures\(^2\)

- **Poor Science**
  - We have very little data on how surgeons are adding to the opioid epidemic, how various proposed interventions work or even who is at highest risk for adverse drug events

## The Consequences

- Over prescription of narcotics is common and retained surplus medication presents a readily available source of opioid diversion\(^4\)
- 1 in 20 people in the U.S. (ages 12 or older) reported using prescription painkillers for non-medical reasons in the past year\(^5\)
- Nearly half a million emergency department visits in 2009 were due to people misusing or abusing prescription painkillers\(^5\)
- Nonmedical use of prescription painkillers costs health insurers up to $72.5 billion annually in direct health care costs\(^5\)

## The ISQIC Solution

- **Addressing Over-Prescribing**
  - Creating an Opioid Retrieval Program
  - Systematic changes to default order sets
  - Automating Prescription Monitoring Program Inquiries
  - Creating Best Practices for Prescribing Patterns
  - Physician, RN, Patient Education

- **Addressing Acute Surgical Pain**
  - Emphasize use of Non-Narcotic Pain Treatment Pathways
  - Development of Transition Pain Services

- **Addressing Chronic Pain from Surgery**
  - Improving Transition to PCP
  - Decreasing use of Narcotics with Non-Narcotic Adjuncts

- **Improving the Science**
  - Partnering with the Illinois Prescription Monitoring Program
  - Partnering with Private and Public Insurers
  - Partnering with Pharmacies
  - Data sharing among hospitals (inpatient pharmacy records)
  - Developing Physician and hospital-level Reports
  - Developing Procedure-specific Reports
  - Measuring Adverse Drug Events

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\(^1\) Rodgers, J., Cunningham, K., Fitzgerald, K., Finnerty, E. Opioid consumption following outpatient upper extremity surgery. *Journal of Hand Surgery* 2012; 185:2


