

Improving Opioid E-Prescriptions in the Emergency Department

¹ Joshua DeBlieux; ¹ Melanie Ulrich

¹ LSUHealth-New Orleans EM Residency Program

Introduction

This performance improvement project centered on improving the percentage of electronically prescribed (Escribe) opioid prescriptions from the Emergency Department at UMCNO. The Analgesic Management and Stewardship Committee at UMCNO has a goal of 90% Escribe opioid prescriptions by the end of 2023. At the end of 2022, the ED at UMCNO had an 11.4% Escribe opioid rate.

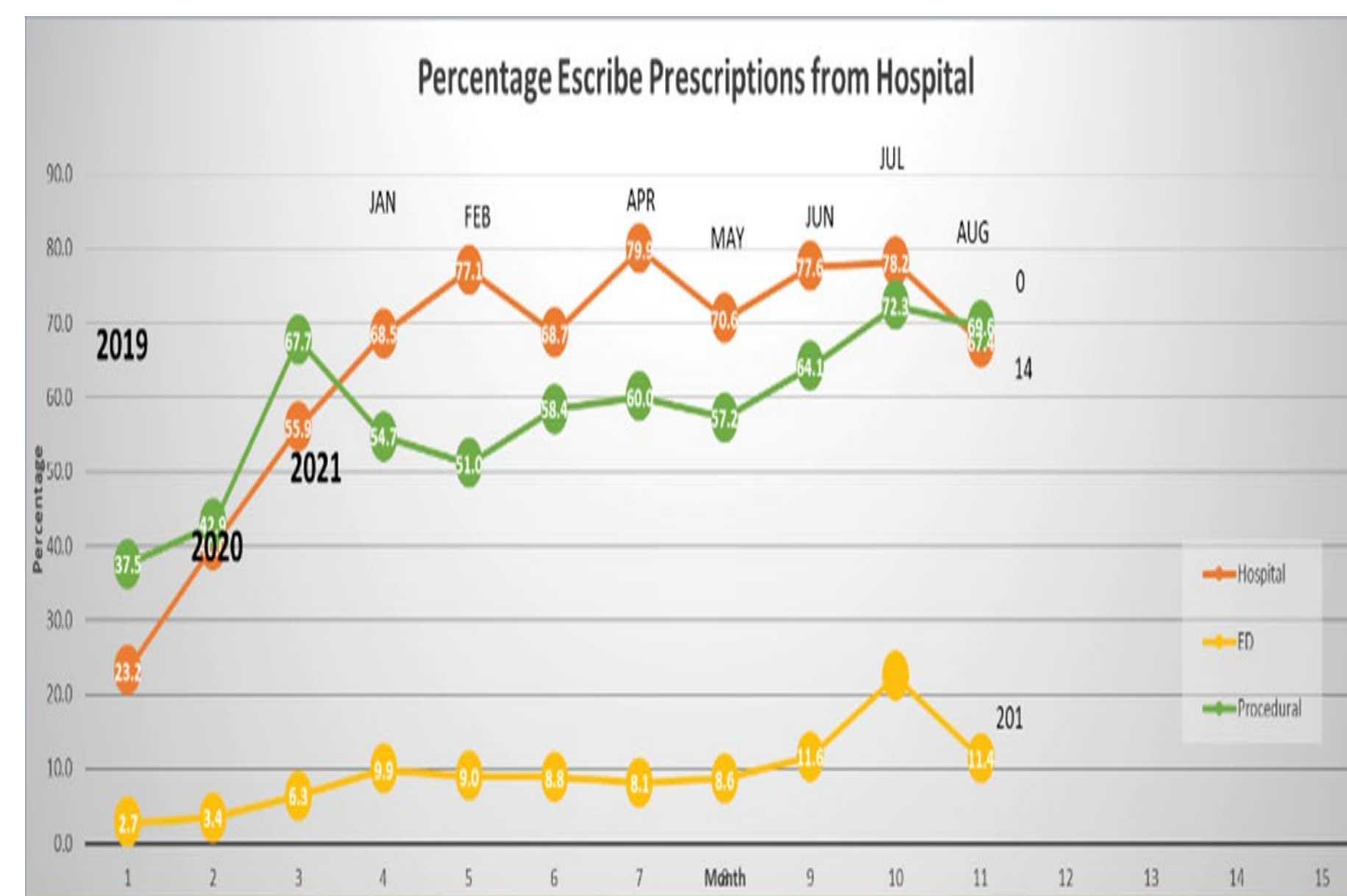
Methods

We set out to improve the percentage of Escribed opioid medications in the ED provided to discharged patients. To make this change, we presented a brief 10-minute lecture during LSU-NO Emergency Medicine Residency (11/2/2023) conference to inform our colleagues of the benefits to e-prescribing opioid medications and to discuss potential barriers to Escribing. Following our presentation, we tracked the percent of opioid prescriptions sent electronically to pharmacies from the ED by month after our brief presentation. Dr. Helen Calmes, PharmD has collected data for UMC for the Analgesia Management Stewardship using LCMC Clarity PROD SQL Server Reporting Services which is an LCMC EPIC Team designed SQL, a standard language for storing, manipulating, and retrieving data in a database to analyze the data.

Results and Significance

There are many benefits of Escribing opioids including improving Medicaid/Medicare reimbursement for the hospital, increasing safety by limiting medication errors both by prescribing doctors and by dispensing pharmacists, increasing patient satisfaction at pharmacy by decreasing wait time for medication dispensing, increasing physician satisfaction by making it easier and faster to prescribe, improving patient confidentiality, and improving compliance with hospital policy on Escribing.^{1,2,3,4}

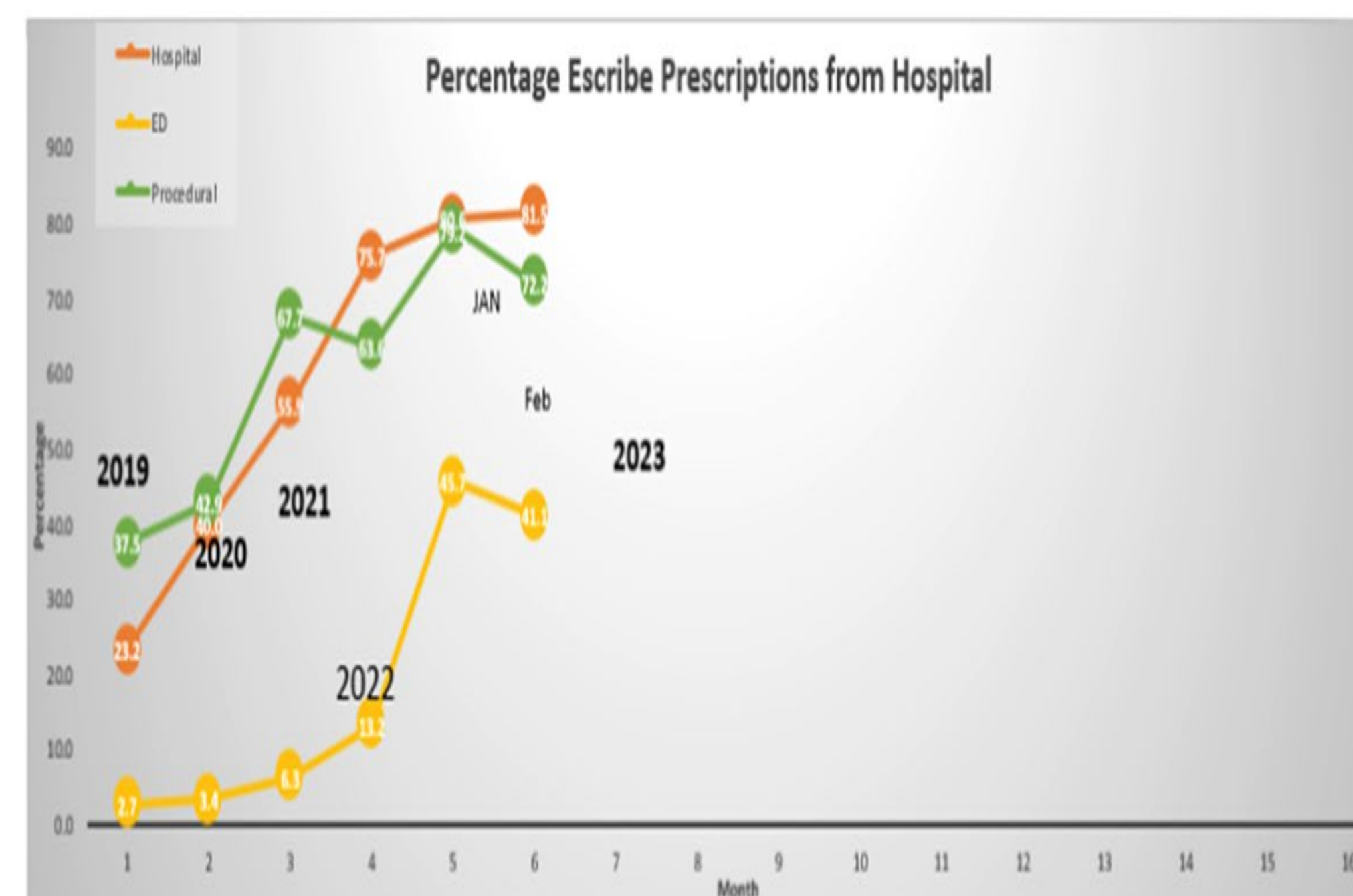
Figure 1



At UMC and most hospitals across the country, large insurance entities will only reimburse fully for Escribed medications. Because of the financial benefit, the hospital administration team has been emphasizing the importance of Escribing. The incentive for increased patient and provider satisfaction has also played a large role in their insistence on moving away from written paper prescriptions.

Figure 1 shows the initial Escribe rate of opioids from the ED as compared to the opioid Escribe rates of the hospital's clinics and inpatient services. Following our presentation, we improved the opioid Escribe rate by over 30%, seen in Figure 2, through the month of February.

Figure 2



Conclusion

In conclusion, our brief presentation on the benefits of Escribing and discussion of the barriers to it, helped increase the ED's rate of opioid Escribing from 11.4% to 45.7%. Education and discussion from peers has helped effect this change. Barriers still exist, however, such as no preferred or updated pharmacy listed for the patient, a limited number of 24-hour pharmacies, out of state patients without preferred pharmacies in the area, language barriers between patients and providers with language line interpreters not knowing street names for pharmacies in the area, and lack of 24-hour outpatient services at UMC. We plan to work through these barriers and plan to continue to track the Escribe rate, distribute a new survey to detect additional barriers to change, provide reminders and re-education announcements in EM conference, post fliers in the ED to remind providers to e-prescribe, and provide handouts for new prescribers.

References

- Richman M, Joo J, Rohani P. Transitioning to E-Prescribing: Preformatted Prescription Forms Improve Safety, Formulary Compliance, Prescribing Satisfaction, and Perceived Efficiency. *J Patient Saf.* 2018 Dec;14(4):241-245. doi: 10.1097/PTS.000000000000198. PMID: 30451716.
- Kaushal R, Kern LM, Barrón Y, Quaresimo J, Abramson EL. Electronic prescribing improves medication safety in community-based office practices. *J Gen Intern Med.* 2010 Jun;25(6):530-6. doi: 10.1007/s11606-009-1238-8. Epub 2010 Feb 26. PMID: 20186499; PMCID: PMC2869410.
- Fernando TJ, Nguyen DD, Baraff LJ. Effect of electronically delivered prescriptions on compliance and pharmacy wait time among emergency department patients. *Acad Emerg Med.* 2012 Jan;19(1):102-5. doi: 10.1111/j.1553-2712.2011.01249.x. Epub 2011 Dec 23. PMID: 22211669.
- Esmail Zadeh P, Tremblay MC. A review of the literature and proposed classification on e-prescribing: Functions, assimilation stages, benefits, concerns, and risks. *Res Social Adm Pharm.* 2016 Jan-Feb;12(1):1-19. doi: 10.1016/j.sapharm.2015.03.001. Epub 2015 Mar 14. PMID: 25847858.