

eConsultation in Opioid management

AMERSA
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Disclosures

- I have no disclosures.

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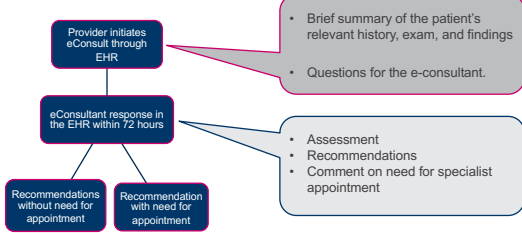
Background

- Management of patients with long-term opioid therapy (LTOT) is challenging
- High number of curbside questions
- Long wait times to specialties
- eConsults are effective and feasible for other specialties

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What are eConsults?



Provider initiates eConsult through EHR

- Brief summary of the patient's relevant history, exam, and findings
- Questions for the e-consultant.

eConsultant response in the EHR within 72 hours

- Assessment
- Recommendations
- Comment on need for specialist appointment

Recommendations without need for appointment

Recommendation with need for appointment

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Effectiveness of eConsults


- Provider-to-provider asynchronous messaging
- Improved access to specialties, high levels of patient and provider satisfaction, lower medical costs
- Avoidance of face-to-face specialist appointments in 12-84%
 - Nephrology: traditional consult avoided in 45%
 - Endocrinology: traditional consults avoided in 44-67%

Liddy C, et al. Family Practice 2016.
Keely E, et al. Can J Kidney Health Dis 2018.
Tran CS, et al. Endocr Pract 2016

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Opioid management eConsults at Montefiore



Montefiore Health System, Bronx, NY

- 4 hospitals with 1500 beds
- Payers: 40% Medicaid, 40% Medicare
- 21 primary care clinics, >830,000 visits in last year
 - 166 attending physicians, NPs, PAs
 - >300 residents

Opioid Management eConsults

- Available for internal medicine and family medicine 7/2019.
- Addressed by 3 internists with expertise in chronic pain and addiction medicine

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Objectives

To describe early utilization of the opioid management eConsult service

To characterize the types of questions asked and the types of specialist recommendations

To determine frequency of specialist appointments after eConsultation

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Hypotheses

- We hypothesized that:
 1. There would be high demand
 2. Specific questions re: choice of opioid, opioid tapering, UDT interpretation, etc.
 3. A minority would lead to specialist visits

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Study methods and analysis

- eConsults ordered July 1, 2019-Feb 28, 2020
 - Data collection: Demographics, textual data about questions and responses
- Mixed methods
 - Utilization:
 - Frequency of eConsults
 - Provider and patient characteristics
 - Types of questions and recommendations
 - Qualitative analysis of provider questions and specialist recommendations
 - Specialist appointments
 - Proportion of eConsults in which face-to-face specialist appointment were recommended and completed

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Results: utilization

- 25 eConsults requested in first 8 months, from 17 providers
- All responded to within 72 hours

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Results: patient characteristics

Characteristic	N (%)
Age (mean, median, range)	54 years (53.68, 31-86)
Female	17 (68)
Black	15 (60)
Long-term opioid therapy	21 (84)
Pain etiology	
Back pain	10 (40)
Sickle cell disease	8 (20)
Knee pain	2 (8)
Abdominal pain	2 (8)

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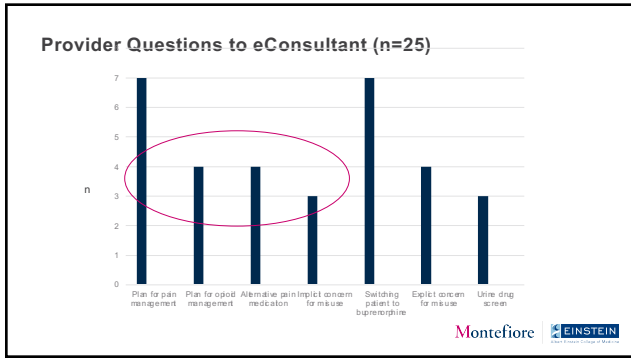
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Types of providers' questions to eConsultants

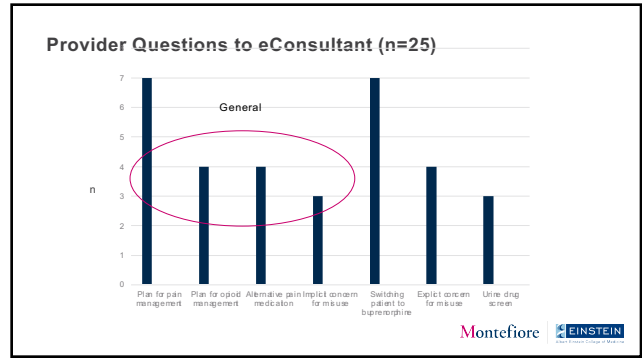
- General
 - "Please suggest a regimen that may be more effective in controlling her pain."
 - "Please recommend alternative regimens and non-opioid analgesics..."
 - ".....Tapering of chronic opioids"
- Specific
 - "Could you please assist in suggesting longer acting formulations?"
 - "Can fentanyl or hydrocodone show up as oxycodone in urine tox screen?"
 - "Can you recommend transdermal buprenorphine induction strategies for this patient, if you agree that this would be an option for the patient?"
 - "Is there another opioid of similar potency to norco 7.5 - 325 mg that the patient could take instead?"

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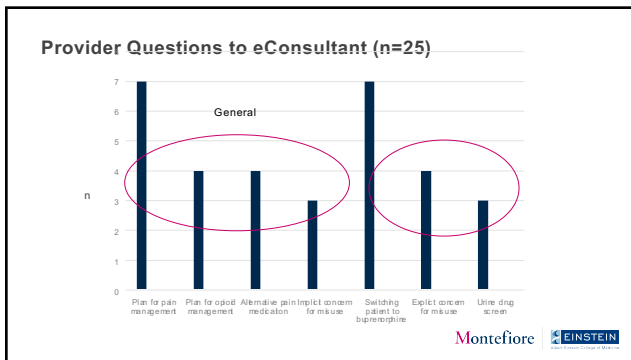
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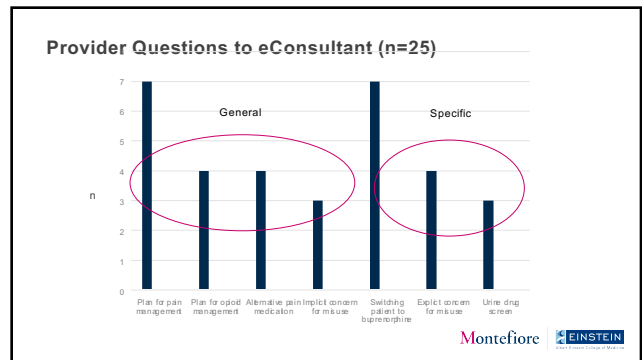
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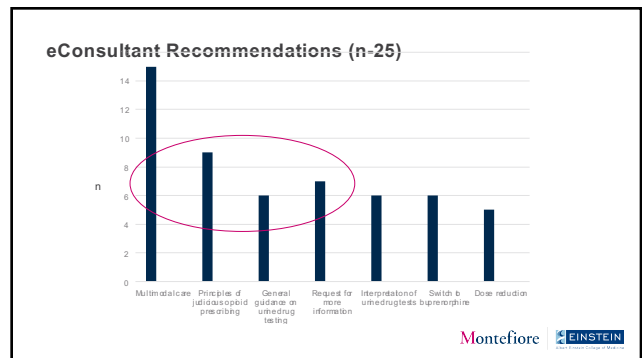
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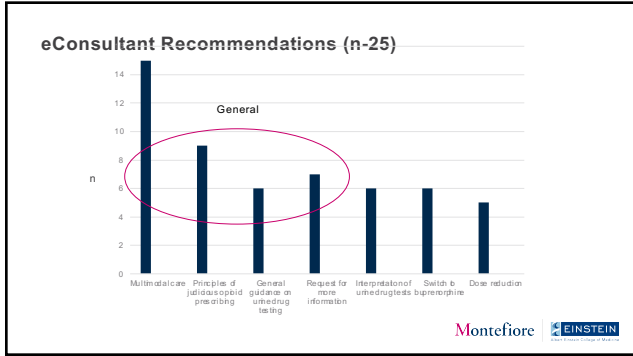
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- ### Types of eConsultant recommendations
- Multimodal pain care.
 - Non-opioid pharmacological medications
 - Non-pharmacological measures e.g. physical therapy, mental health assessment
 - Judicious opioid prescribing.
 - Weighing risk-benefit ratio to continue or reduce dose
 - Monitoring through use of controlled substance agreement, UDT
 - Harm reduction (naloxone prescribing)
 - Interpretation of urine drug testing including education around screening vs. confirmation
 - Guidance around use of specific medications, e.g. buprenorphine, long-acting formulations of opioids
 - Guidance around dosing of opioid.

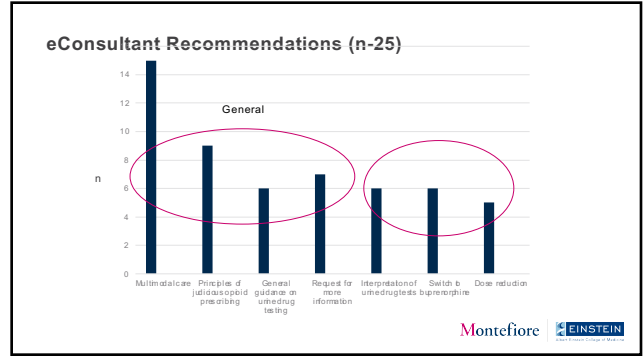
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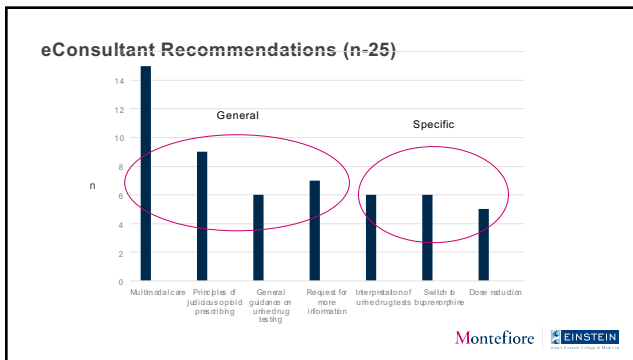
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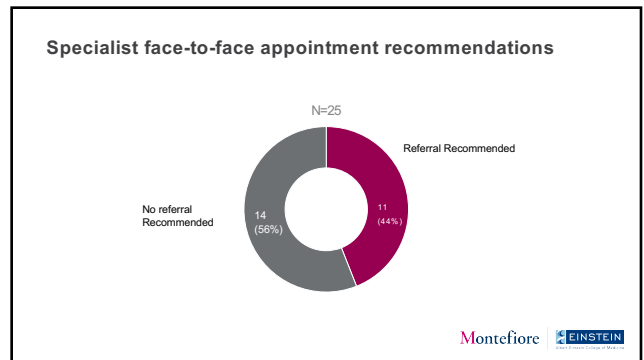
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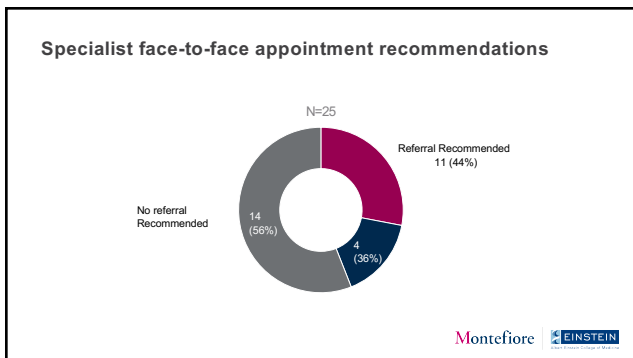
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Conclusions and Future Directions

- eConsults for opioid management is feasible
- Initially underused
- Specialist face-to-face appointments were not necessary less than half the time
- Providers often had general questions reflecting underlying unease prescribing opioids
- Future studies of provider- and patient-reported outcomes are needed

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