AIM:
To evaluate the impact of TPMG initiatives on opioid-prescribing practices after breast surgery

METHODS:
• TPMG Initiatives, 2016-2018
  • Enhanced Recovery After Surgery (ERAS) protocols
  • Reduced default opioid pill counts on electronic order sets
  • Physician and staff education sessions
• Breast Surgery Program Initiatives
  • Consolidation of breast surgery to high-volume surgeons
• Patient Data
  • Retrospective evaluation of KP HealthConnect databases (Epic)
  • 2016 (pre-intervention) and 2019 (post-intervention) cohort characteristics were well-matched

RESULTS:
Non-opioid regimen (NOR) use for all breast operations increased significantly between 2016 and 2019

For patients prescribed opioids, significantly fewer morphine milligram equivalents (MME) were prescribed at discharge in 2019

Conclusions:
• TPMG initiatives successfully reduced opioid-prescribing and increased NOR for all types of breast operations, including mastectomy with reconstruction
• Adverse outcomes (ED visits, readmissions) for NOR patients were less than or similar to those for opioid regimen patients

CONCLUSIONS:
• NOR patients were significantly less likely to present to the ED within 7 days of surgery
  • 1.9% NOR vs 3.4% opioid regimen, p<0.001
  • 7-day readmission rates were similar
  • 0.49% NOR vs 0.32% opioid regimen, p=0.45

• This study was approved by the Kaiser Permanente Northern California Institutional Review Board.

This presentation is the intellectual property of the corresponding author. Please contact her at sharon.b.chang@kp.org for permission to reprint and/or distribute.