SPOiLER: towards Safer Prescribing of Legal Opioids from the Emergency Room

We interviewed William Soares, MD, MS, IHDPS Fellow and Assistant Professor in the Department of Emergency Medicine at UMMS-Baystate about his NIH K08 grant entitled, “SPOiLER: towards Safer Prescribing of Legal Opioids from the Emergency Room” which was awarded this past spring.

Tell us about the K08 grant you received.

I was thrilled to learn that I was awarded a K08 grant through the National Institute on Drug Abuse this spring. The K08 is a 5-year career development grant for clinicians early in their research career. The grant includes both a mentored research project as well as a career development plan, with the overall goal of developing into an independent investigator.

What are the objectives of your research project?

The objective of our research is to understand how various factors influence opioid prescribing behaviors for Emergency Department (ED) providers in Massachusetts. Prescription opioid medications are both an important treatment for ED patients with pain and, at the same time, have contributed to the opioid epidemic through misuse, diversion and addiction. There have been many attempts to regulate opioids, including a 2016 Massachusetts Law placing restrictions on opioid prescriptions; however, there remains a lack of evidence to assess the impact of such laws on opioid prescribing behaviors and subsequent adverse outcomes. Using a combination of surveys and medical claims data, we hope to complete the most comprehensive evaluation of opioid prescribing behaviors and subsequent opioid related adverse events for ED patients in Massachusetts.

What is the career development portion of your grant?

As an emergency physician at Baystate, I have witnessed firsthand the overwhelming effect of the current opioid crisis, caring for patients with opioid overdoses, infections related to injection drug use, and in withdrawal seeking treatment. My K08 grant will not only fund training in research methods, but will allow me broaden my clinical understanding of addiction medicine. I look forward to working with and learning from our community clinics, recovery centers, and detoxification facilities, with the goal of strengthening collaborations among the different addiction resources at Baystate to further enhance the care offered to our patients with opioid use disorder.
**Upcoming events**

Weekly seminar, 12-1pm, MM5  
*June 20:* Daniel Engelman, MD, FACS  
*Enhanced Recovery After Cardiac Surgery*  
*June 27:* Richard Engelman, MD  
*Temperature management during surgery cardiac surgery*  
*July 4:* no meeting  
*July 11:* Elizabeth Schoenfeld, MD  
*Evidence-based decision-aid development: Shared Decision-Making for the promotion of patient-centered imaging in the Emergency Department*  
*July 18:* Lewis Cohen, MD  
*Designing research around the phenomenon of suicidal patients and comfort measures only*  
For a full listing of events, see [here](#).

**IHDPS in the News**

May 22-23, 2018  
Pulmonology Advisor, News Medical, Healio, and EurekAlert! all highlighted the abstract Dr. Mihaela Stefan presented at the 2018 American Thoracic Society International Conference - “High Antibiotics Prescribing in Patients Hospitalized with Asthma Exacerbation - but Are Antibiotics Associated with Better Outcomes?”.  
For other IHDPS news stories, see [here](#).

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**How will your research impact Baystate Health?**

The decision to prescribe opioids involves weighing the benefits and risks for each patient. Nowhere is this more challenging than in the ED, where providers frequently treat patients with whom they have no prior relationship. By understanding the factors the influence opioid prescribing and subsequent patient outcomes, we will be able to create evidence based recommendations that promote safe, consistent opioid prescribing practices for patients presenting to the emergency department at Baystate and beyond.

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**Population Health Snapshot:**  
*Frailty assessment and discharge disposition for hospitalized elderly*

Frailty, a biological syndrome that reflects a state of decrease physiological reserve and vulnerability to stressors, has become a high priority theme due to the aging and increasingly complex nature of our patients. When exposed to stressors such as hospitalization, frail patients are at risk for decompensation, adverse events, prolonged recovery, functional decline, and mortality.

Dr. Mihaela Stefan, an IHDPS health services researcher, recently conducted a prospective study of more than 500 medical patients 65 years or older hospitalized at Baystate Medical Center to evaluate if frailty is associated with discharge disposition in patients who were previously living in the community. To evaluate frailty, the research team used the Edmonton Frailty Scale, which assesses frailty across ten domains including cognition, general health status, functional independence, presence of social support, medication use and adherence, nutrition and mood, continence, and self-reported performance. The scale categorizes patients in: not frail, vulnerable, and mildly, moderately, and severely frail.

Dr. Stefan and her team found that almost half of the patients were frail (Figure) and over one-third of the patients had a new discharge to a skilled nursing facility. Compared with patients who were robust, frail patients were almost three times more likely to be discharged to a nursing facility. Readmission rates at 30, 60, and 90 days were higher in the patients discharged to a facility than in patients discharged home (at 30 days: 18.1% vs. 14.4% and at 90 days: 35% vs. 27.9%). Median length of hospital stay was also longer in those discharges to skilled nursing facilities (5 days vs. 4 days).

![Figure: Prevalence of frailty among hospitalized medical patients](#)
These findings suggest that frailty assessment can improve accurate identification of elderly at risk for discharge to nursing home facilities, provide the opportunity to counsel patients and/or their families, and plan for complex post-discharge needs. Lack of frailty assessment is a missed opportunity to identify the most fragile patients at the highest risk for adverse outcomes.

### Recent IHDPS Publications: Apr-May


