

# WCA Opioid Abatement Summit SCW Overview

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# What is the Surgical Collaborative of Wisconsin?

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## **Our Mission:**

SCW is a surgeon-led practice change community that aims to improve surgical care by optimizing quality, reducing costs, and facilitating provider professional development across practice settings.

## **Our Vision:**

To ensure access to high-quality surgical care across Wisconsin.

# Engagement Since 2017

- 74% of WI Hospitals involved with SCW
- 434 engaged surgeons and quality leaders
- 13 partnerships with state agencies and hospitals
- 62 statewide and local meetings held
- 584 CME credits claimed at no cost to surgeons
- Our work has been presented at state, regional, and national conferences

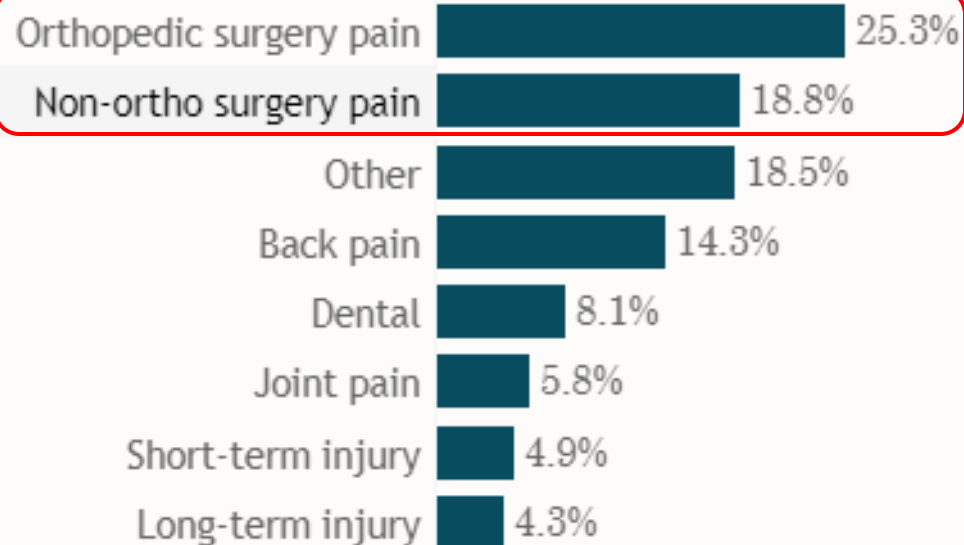


# Opioid Stewardship for Surgical Patients

## The Problem

- Surgical prescribing is the leading reason for new opioid prescriptions
  - An estimated 1 in 20 surgical patients prescribed opioids will become long-term users
- The opioid epidemic costs Wisconsin \$18.6B annually, with 36,000 residents suffering from opioid use disorder
- Wisconsin's overdose fatality rate from prescription opioids is 23% higher than the national average

### Reason for Opioid Prescription: Wisconsin



An estimated 1 in 8 Wisconsin residents were prescribed and used an opioid in the past year. As seen in the graph to the left, the leading reasons for opioid prescriptions were surgeries (44%), followed by other reasons (18.5%), and back pain (14.3%).

# Opioid Stewardship for Surgical Patients

## SCW Successes

- Surgical opioid prescribing in SCW hospitals has decreased by 50% since 2017
- 85,000 tablets diverted from our communities through 4 evaluated procedures
- Statewide opioid disposal initiative: 2,750 pouches distributed to 11 different facilities
- Annual education on proper postoperative prescribing and pain management, in collaboration with anesthesiologists, pharmacists, and addiction medicine specialists

## Initiative Expansion Efforts

- Orthopedic surgery
- Patient education materials
- County partnerships

Opioid Prescribing Recommendations For Opioid Naive Patients

	Procedure	Oxycodone 5 mg # of tablets
General Surgery	Thyroidectomy	0-5
	Carotid Endarterectomy	0-5
	Cardiac Surgery via Median Sternotomy	0-15
	Nissen Fundoplication: Laparoscopic	0-5
	Sleeve Gastrectomy	0-10
	Cholecystectomy: Laparoscopic or Open	0-10
	Small Bowel Resection or Enterolysis: Laparoscopic or Open	0-10
	Appendectomy: Laparoscopic or Open	0-10
	Ileostomy/Colostomy: Creation, Re-siting, or Closure	0-10
	Colectomy: Laparoscopic or Open	0-10
Breast Surgery	Wide Local Excision ± Sentinel Lymph Node Biopsy	0-20
	Inguinal Hernia Repair: Laparoscopic or Open	0-10
	Breast Biopsy or Sentinel Lymph Node Biopsy Alone	0-5
Ob/Gyn Urology	Lumpectomy ± Sentinel Lymph Node Biopsy	0-5
	Simple Mastectomy ± Sentinel Lymph Node Biopsy	0-20
	Modified Radical Mastectomy or Axillary Lymph Node Dissection	0-30
	Cesarean Section	0-10
	Vaginal or Abdominal Hysterectomy: Laparoscopic, Robotic, or Open	0-10
	Nephrectomy: Laparoscopic, Open, or Donor	0-10
	Prostatectomy	0-10

Older patients are known to experience less post operative pain, require lower doses of analgesics, and have higher rates of adverse reactions from opioids. Consider avoiding narcotic medications or using reduced doses in older patients.

For more information, visit [www.scwisconsin.org](http://www.scwisconsin.org).



# Example County (EC) Prescribing Data

- All EC inpatient facilities participated in SCW since 2017
- For 7 common general surgery procedures\*

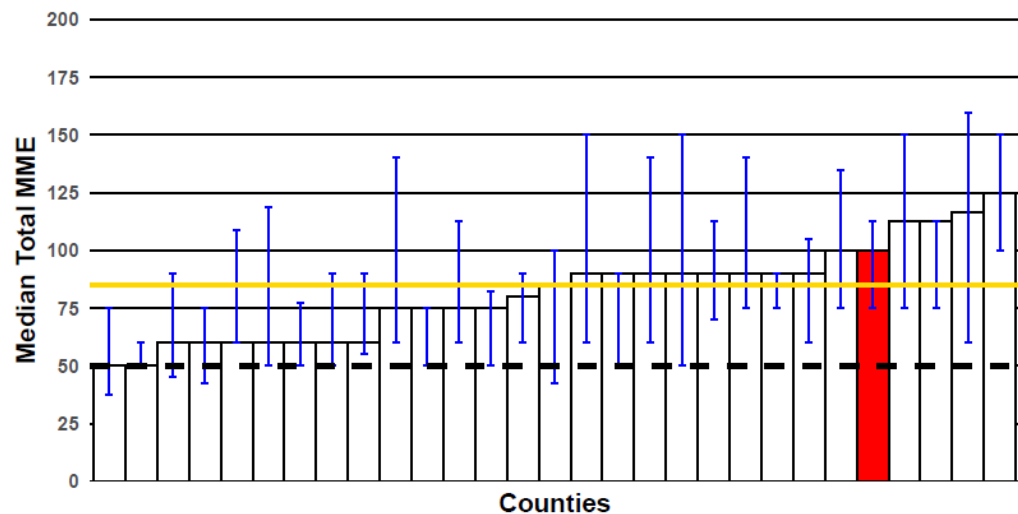
	2017	July 2022-June 2023
Any opioid prescription	62% of patients	52% of patients
Average amount prescribed	~ 39 tablets	~ 21 tablets

- Estimate: 7500 fewer tablets prescribed and left unused by the patient in EC in 2022-23, relative to 2017
  - Unused tablets can be diverted for misuse or cause accidental overdoses in children and adults

\* Appendectomy, laparoscopic cholecystectomy, inguinal hernia repair, mastectomy, lumpectomy, colectomy and proctectomy

# County Reports

Figure 1. Unadjusted median morphine-equivalent dose provided to patients 3 days before through 14 days following Laparoscopic Cholecystectomy, Appendectomy and Inguinal Hernia Repair



Yellow line: Statewide median total morphine-equivalent dose for first fill 3 days before through 14 days following the index procedure.  
 Dashed line: Maximum recommended prescription size.  
 Each bar represents a county or group of counties in Wisconsin. Some counties are grouped to ensure sufficient facilities in each bar.  
 Error bars represent the interquartile range around each county estimate.  
 Your county's performance is represented by the solid red bar.

Table 1. Case volume and initial opioid fills 3 days before through 14 days following Laparoscopic Cholecystectomy, Appendectomy and Inguinal Hernia Repair

	Opioid Prescribing Recommendation	Your County	Participating Hospitals (n=77)	All WI Hospitals (n=132)
Number of Cases		275	5581	7635
Number of Cases with Opioid Fill		166	3755	5079
Hydrocodone (Norco) 5 mg Tablets (Median, IQR)	0-10	15 (12-18)	12 (10-20)	15 (10-20)
Codeine (Tylenol #3) 30 mg Tablets (Median, IQR)	N/A	–	12 (9-17)	12 (10-17)
Tramadol 50 mg Tablets (Median, IQR)	0-10	15 (10-20)	12 (10-15)	12 (10-15)
Oxycodone 5 mg Tablets (Median, IQR)	0-10	14 (10-15)	10 (8-14)	10 (8-15)
Hydromorphone (Dilaudid) 2 mg Tablets (Median, IQR)	N/A	–	9 (6-12)	9 (6-14)

\* 50 Morphine Milligram Equivalents (MME) = 7 tablets of 5mg oxycodone

Thank You!  
Any Questions?

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