

PHYSICIANS + HOSPITALS + OPIOID SETTLEMENTS

The Billion Pill Pledge: An Opportunity to End Opioid Addiction and Overdoses



A Better Approach to Surgery while Minimizing Opioids

Reid Greenwood, **3 years old** / 5th operation to repair cleft in skull above right eye



What to expect

Estimated Length of hospitalization: 7 days (to get pain under control)

Highly likely: blood transfusion, drain port, heavy amounts of opioids, intense pain of recovery



What actually happened

3 day length of stay

4 days saved resulting in estimated savings of \$13K

Minimal blood loss, no port, ZERO opioids and ZERO pain

A Better Approach to Surgery while Minimizing Opioids

What would it mean if everyone got these protocols?





After follow-up conversations with surgery team, pharmacy and palliative care the UI is open to considering ERAS for pediatric surgery patients.

A Better Approach to Surgery while Minimizing Opioids

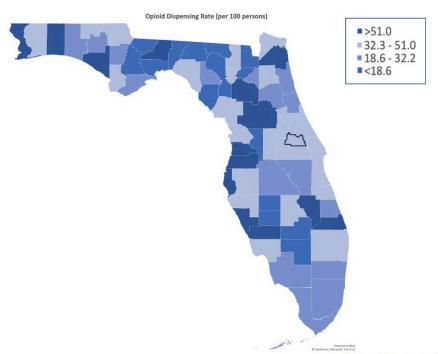
What would it mean if everyone got these protocols?





Florida Opioid Dispensing Rates

Improvements have been made, but **Florida is still prescribing 40 opioid prescriptions/100 people** with Seminole County prescribing 33.4 opioid prescriptions/100 people.





The Problem

Surgery is a leading gateway to opioid abuse - for patients and those close to them

- 75% of fentanyl users started with a a prescription opioid
 - Either their own Rx or diverted
 - Study published in JAMA May 2025
- 30% of patients on Medicaid developed developed an opioid dependency following their first prescription
 - The recent Stanford study further found that prescription prescription quantity and duration are the two most significant factors that are predictive of opioid dependency dependency

Provider Education and Support

Education and implementation support to providers across the continuum of care in Nebraska to enhance the delivery of care according to opioid-minimizing pain management protocols.

Provider education examples: training on multimodal pain management, highlighting nonopioid pain medication efficacy, debunking opioid benefits, and reviewing risks and overdose data

Opioid Prescriptions Impact the Whole Family Study Details: 1.7 million adults, 1.2 million households Increased risk of opioid OD with one Rx Increased risk of opioid OD with two Rx in household OD with two Rx in household Opioids leading cause of childhood poisoning deaths



Pain medication: what is the "good stuff?"

"... in the majority of situations in which opioid painkillers are used today, they are not appropriate"





(Bandolier, 2007) and (CJ Derry, Derry, & Moore, 2013)

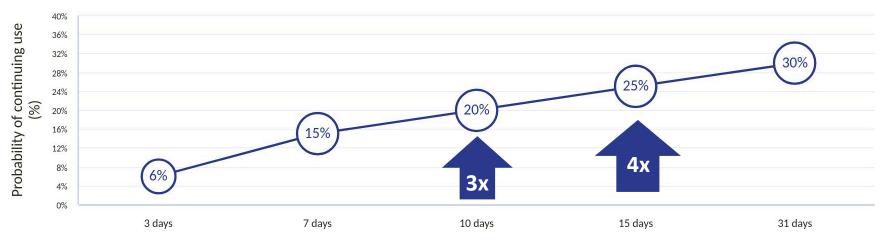
1.6

Ibuprofen +

Acetaminophen

Opioid Prescribing Impacts Addiction Risk

"The probability of long-term opioid use increases **most sharply in the first days of therapy, particularly after 5 days..**"



Days Supply of First Opioid Prescription

"When initiating opioids, caution should be exercised when prescribing >1 week of opioids or when authorizing a refill or a second opioid prescription because these actions approximately double the chances of use 1 year later"

Key Aspects of Enhanced Recovery



Prehabilitation

Patient education and nutritional preparation are critical to an optimal surgery and recovery experience.



Multimodal pain management

Use of several pain medications in the body better controls patient pain before, during, and after surgery.

- "TLC" (Tylenol + Lyrica + Celebrex)
- Scheduled Pain Management
- Oxycodone PRN



Post-surgery support

Expert nurse navigation in the stressful postsurgery period drives patient adherence to care plan, enhances satisfaction, improves recovery time, and prevents unnecessary and expensive ER visits.

The Billion Pill Pledge Program in Practice

Expanding access to **opioid-minimizing** Enhanced Surgical Pathways for the benefit of our patients and our communities





Prepared for Surgery Tool Kit

CF(Preop), Opioid deactivation and disposal bottle, ice packs, educational materials & more Hospital to distribute to patients



Post-Surgery Nurse Support

Goldfinch Nurse follow-up on pain management, opioid use, and overall recovery





Care Plan Optimization

"Liberal NPO" for nutrition Pre-op "TLC" (Tylenol, Lyrica, Celebrex) for multimodal analgesia Stand alone oxycodone (5 mg)



Pre-Surgery Nurse Education

Goldfinch Nurse education on Tool Kit and reinforcement of hospital optimized care plan



Analyze & Report

Share hospital reporting on opioid prescription and utilization trends, identify opportunities for improvement and recognize program champions















Billion Pill Pledge Results

Opioid settlement-funded, Billion Pill Pledge includes participating rural and community hospitals

Average Opioid Prescription Reduction	60%	BPP AVG: 16.9
Opioid Refill Rate Reduction	92%	Benchmark 27 pills for patients experiencing pain
Post Surgery ER Visit	Fewer than 2%	7% benchmark

The Billion Pill Pledge (BPP) Program

is proven & peerreviewed

Research Article

Application and Analysis of the Enhanced Recovery After Surgery Opioid Prescription Protocol in Arthroscopy and Arthroplasty Patients

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ABSTRACT

Introduction: Surgery and postoperative opioid prescriptions are critical periods for potential drug dependence and diversion. Enhanced recovery after surgery (ERAS) pathways aim to improve patient outcomes by leveraging preoperative education, emphasizing

April 2025: The Journal of the American Academy of Orthopaedic Surgeons (JAAOS)

Billion Pill Pledge white paper authored in collaboration with Rothman with Rothman Orthopaedic Institute & Drexel University Med

Key findings: 30-50% decrease in opioids prescribed

BPP: 3,000+ patients supported in TN, SC, NE, AL & IA

Sustainably lowering healthcare costs through opioid first dose prevention

Reducing long-term opioid use following surgery significantly reduces healthcare costs for Florida

	# in Florida/year	# with 1+ opioid refills (~25% with status quo)	Increased 90- day post-surgery costs (1+ opioid refills)	Why?	Savings from reducing opioid refills from 25% to <2%
Cholecystectomy (gallbladder removal)	50k	6k	\$6,645	334% higher ER & readmission costs	\$ 38.8m
Colectomy (gastrointestinal)	9k	2k	\$12,268	233% higher ER & readmission costs	\$ 18.9m
Hernia repair (inguinal)	10k	1k	\$6,918	301% higher ER & readmission costs	\$ 5.3m
Hysterectomy (women's health)	41k	5k	\$6,431	303% higher ER & readmission costs	\$ 28.9m
Joint replacements & back procedures	75k	34k	\$4,892	184% higher ER & readmission costs	\$ 151.1m
All other surgeries	1.2m	295k	\$5,645		\$ 1.5b
Total	1.4m	350k			\$ 1.8b





Contact Info

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Colorado Recommended Approach to Addressing the Opioid Crisis

Respondents represented four general groups: Health and Public Health, Intervention and Recovery, Local and State Government, and Law Enforcement

