

## **An Incentivized Quality Improvement Program Decreased Opioid Prescribing at Ambulatory Surgery Centers (ASC)**

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**INTRODUCTION:** In 2019, the Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI) recommended an evidence-based opioid pain pathway to participating physicians and hospital for opioid-naïve patients undergoing primary total joint arthroplasty (TJA). Previous studies demonstrated that this program drastically reduced opioid prescribing while primarily implemented at hospital sites, with Ambulatory Surgery centers (ASC) still prescribing higher oral morphine equivalents (OME) at discharge. Therefore, MARCQI introduced an incentivized quality improvement (QI) scorecard on January 1, 2023 specifically targeting ASC's--hypothesizing that this would improve pathway compliance and decrease OME prescriptions at discharge.

**METHODS:** Retrospective qualitative data reviewed 5,950 primary [THA](#) and 10,124 primary knee, all opioid naïve cases performed at ASC's. Compliance rate was calculated for cases performed July 1 2021 – December 31, 2022 (pre-incentive) and January 1, 2023 – June 30, 2024 (post-incentive). Patient characteristics including age, BMI, sex, diabetes, ASA, SDI (social deprivation index), and insurance type were compared between the two groups. Chi-square and ANOVA tests were used with alpha = 0.05.

### **RESULTS:**

OME compliance (THA  $\leq$  240 OME, TKA  $\leq$  320 OME) increased for THA from 60.3% to 69.2% ( $p < 0.0001$ ), and for [TKA](#) from 75.2% to 84.4% ( $p < 0.0001$ ) after scorecard implementation. Patient BMI, sex, diabetes status were not significantly different between the two groups. The two groups were significantly different for THA in average age (pre 63.8 v post 63.6,  $p=.04$ ), ASA, Insurance, and SDI ([all  \$p < 0.05\$](#) ), and for TKA, there was a significant difference in age, ASA, and insurance status (all  $p < 0.0001$ ) between the pre-incentive and post-incentive groups.

**DISCUSSION AND CONCLUSION:** An incentivized QI program led to increased compliance with an evidence-based opioid prescribing pathway for opioid naïve patients undergoing primary TJA at ASCs within 18 months of implementation. Incentivization for participation and adherence may improve ASC compliance with QI work.