Dear Metabolic and Bariatric Surgery Director,

On behalf of the Committee for Metabolic and Bariatric Surgery (CMBS), the principal bariatric surgeon-led oversight committee for the MBSAQIP, I am pleased to invite your MBSAQIP-accredited center’s participation in the 3rd nationwide metabolic and bariatric surgery quality improvement collaborative, Bariatric Surgery Targeting Opioid Prescriptions (BSTOP).

**Rationale for the project:** Opioid use is now recognized as one of the most serious healthcare problems in the United States. Opioid-overdose deaths have increased every year for the past two decades, driving a drug-overdose epidemic that killed more than 72,000 Americans in 2017. Until recently, many providers considered this a societal and political problem beyond the means of the most healthcare providers to address. However, it has become increasingly clear that many patients suffering from opioid dependence and addiction are first exposed to opioids through postoperative prescriptions. A population-based study of 36,000 surgical patients published in *JAMA Surg* found the incidence of new, persistent opioid use after surgical procedures to be 5.9% to 6.5% with no difference between major and minor surgical procedures. The *Longitudinal Assessment of Bariatric Surgery-2* cohort (LABS-2) prospectively evaluated opioid prescribing before and after bariatric surgery. In patients with no reported preoperative opioid prescriptions, rates of regular prescribed opioid use (daily, weekly, or “as needed”) increased to 5.8% at six months postoperatively and 14.2% by year seven postoperatively.

In 2015, the National Institutes on drug abuse reported an estimated 2 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers with a mortality of 1.3-1.6%. That same year, the one-year mortality for all initial bariatric surgical procedures in the MBSAQIP registry was 0.39%. An assessment of quality improvement opportunities determined that complete elimination of VTE, anastomotic leak, pneumonia and bleeding complications in bariatric surgery would prevent about 48 deaths annually. If only 6% of postoperative bariatric patients suffer from new opioid dependence with a 1.3% mortality, then about twice as many (n=105) patient deaths could be prevented annually with the complete elimination of new opioid dependence.

In October 2018, the SUPPORT Act (H.R. 6, “Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” was signed into law. Some of the key measures within this legislation were:

1) Opioids will need to be prescribed electronically for all Medicare patients.
2) Opioid prescription patterns will be analyzed annually for hospitals and providers.
3) The legislation prohibits the ongoing use of pain questions on health system questionnaires tied to performance and reimbursement.

**Intervention:** The purpose of this project is to provide MBSAQIP-accredited centers interested in reducing opioid prescriptions while improving postoperative pain control with a protocol to:

- Educate patients and providers about the risks of opioid use after bariatric surgery
- Implement routine opioid-reducing multi-modal pain strategies
- Implement routine use of regional analgesia
- Minimize perioperative opioid use
- Comply with the SUPPORT Act as well as state Prescription Drug Monitoring Programs
**BSTOP Protocol for Metabolic and Bariatric Surgery Patients**

Key elements of the Protocol include:

1) Preoperative Patient Education  
2) Clinical guidelines for multimodality pain control in all phases of care including post-discharge  
3) Data collection directed at both protocol adherence and quantification of opioid use

**Program Inclusion Criteria:**
- MBS Director’s willingness to serve as the surgeon champion and collaborator of all appropriate stakeholders.  
- Agreement to identify a pharmacy representative or trained provider at your center to calculate the Morphine Equivalent Use for each patient using the MBSAQIP-recommended calculator.  
- Agreement to participate in periodic webinars, and provide hospital-specific and collaborative data to complete the project (*Note: only aggregate, de-identified data will be considered for publication*)  
- MBSCR completion of custom fields in the MBSAQIP data registry  
- Executed Stakeholder Agreement by authorized team members

**Timeline:**
- Invitations/Onboarding: **June 2019-August 2019**  
- Pre-Implementation Data Collection: **August 2019-October 2019**  
- Pilot: **October 2019-December 2019**  
- Implementation: **December 2019-December 2020**  
- Close-out: **May 2020 – Jul 2020**

**Intention to Participate Requirements:** In order to acknowledge and affirm center’s your intention to participate in the BSTOP project, please complete the following requirements by **Monday, August 5, 2019:**

1. Submit signed Stakeholder Agreement  
2. Submit contact information (name, email and phone number) of an identified MBSAQIP BSTOP Primary Contact at the center

The Stakeholder Agreement and contact information can be submitted via email to **mbsaqipquality@facs.org**. Once the items above are completed, centers will receive onboarding documents to review with your team prior to starting the project.

If you have any questions, please contact the MBSAQIP Team at **mbsaqipquality@facs.org**.

On behalf of the CMBS, I encourage your participation as we partner together to address the needs of our metabolic and bariatric surgery community and provide safe, effective and compassionate care to our patients.

ii Corey S. Davis, J.D., M.S.P.H., The SUPPORT for Patients and Communities Act—What Will It Mean for the Opioid-Overdose Crisis? New England Journal of Medicine, 2018

iii Chad M. Brummett, MD; Jennifer F. Waljee, MD, MPH, MS; Jenna Goesling, PhD; Stephanie Moser, PhD; Paul Lin, MS; Michael J. Englesbe, MD, New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults, JAMA Surg, doi:10.1001/jamasurg.2017.0504


v Center for Behavioral Health Statistics and Quality (CBHSQ). 2015 National Survey on Drug Use and Health: Detailed Tables. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2016