

# Implementing Evidence-Based Opioid Prescription Practices in a Primary Care Setting

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## ABSTRACT

The use and misuse of opioid pain medication has reached epidemic proportions in the United States. Evidence-based interventions identified as best practices by the Centers for Disease Control and Prevention were implemented in an internal medicine practice. In this evidence based practice project, implementation of the guidelines led to a 10% reduction in the number of opioid prescriptions written and to 7% of patients referred to pain management for treatment. A screening tool was helpful to determine which patients were referred to pain management.

**Keywords:** guidelines, opioids, prescription drug misuse, prescription drug monitoring, primary care

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## INTRODUCTION

Currently, more people die overdosing on prescription opioid medications than from heroin, cocaine, and benzodiazepines combined.<sup>1,2</sup> In 2001, the Joint Commission established pain was being undertreated.<sup>3</sup> This, as well as other factors, led to opioid pain medications being prescribed at alarming rates.<sup>3</sup> The unintended consequences of the vast number of opioid prescriptions being written include diversion, misuse, and abuse.<sup>1</sup> Implementation of evidence-based guidelines can help reduce the incidence of abuse and the risk of overdose while promoting alternative medications and interventions for pain control.

### Problem Statement

Chronic noncancer pain (CNCP) differs from acute pain and affects patients' quality of life, resulting in financial costs in excess of \$560 billion annually for society in lost wages, increased health care costs, and lost productivity.<sup>3,4</sup> CNCP patients are complex and present with multiple medical and psychiatric comorbidities in addition to their complaint of CNCP.<sup>5</sup> Approximately 3.5% of the adult United States population is prescribed opioid medications to treat CNCP.<sup>6</sup> Management of patients with CNCP is more difficult because many providers do not have

the training or tools needed to handle these complex patients.<sup>3</sup>

### Preintervention Assessment

A retrospective medical record review of 157 adult patients diagnosed with CNCP and receiving opioid pain medications in a primary care clinic between January 1, 2017, and March 24, 2017, demonstrated that most patients being prescribed opioids were between 45 and 64 years of age, male, and white non-Hispanic. Most patients in this sample were diagnosed with 4 to 6 chronic conditions in addition to CNCP, with the top chronic conditions being insomnia and hypertension (Table 1).

At the time of this preintervention assessment, the providers and staff were unaware of the magnitude of morbidity and mortality risk associated with prescription opioid misuse or abuse. The clinic practice when prescribing opioids was to obtain a treatment agreement, perform a urine drug screen, and educate patients on the risks and benefits of opioids. These 3 practices are included in the Centers for Disease Control and Prevention (CDC)<sup>6</sup> 2016 guidelines for prescribing opioids for CNCP. Several additional practices are needed for full compliance with the CDC recommendations, however, including accessing the prescription drug-monitoring program

**Table 1. Characteristics of Preintervention Patient Population**

Category	Percentage
Sex	
Male	52
Female	48
Race	
White non-Hispanic	73
Hispanic	20
Other	7
Age, y	
18-44	23
45-64	55
≥65	22
No. of chronic conditions	
1-3	30
4-6	50
≥7	20
Top chronic conditions	
Hypertension	42
Hyperlipidemia	37
Constipation	31
ADHD	25
Depression	20
Insomnia	38

ADHD = attention-deficit/hyperactivity disorder.

(PDMP) database and screening for potential abuse. The clinic did not have a protocol to ensure the full compendium of 2016 CDC guidelines<sup>6</sup> was followed when prescribing opioid pain medications.

### Project Goal

The project goal was to improve clinicians' adherence to the 2016 CDC guidelines and reduce the number of opioid prescriptions written. Adherence to these guidelines includes 6 elements: comprehensive provider assessment, patient self-screening for abuse potential, urine drug screening, provider PDMP database review, treatment agreement completion, and patient education on opioid medications (Table 2).<sup>6</sup>

**Table 2. Project Objectives**

Intervention	Current	
	Adherence (%)	Goal (%)
Provider assessment of need	95	95
Screening tool	0	80
Urine drug screen	75	80
Education	90	90
Access PDMP	5	80
Treatment agreement	80	80
Education	90	90

PDMP = prescription drug-monitoring program.

### Literature

Nearly 100 million Americans present to their primary care physician with a complaint of CNCP,<sup>7</sup> and an estimated 25.3 million adults suffer from CNCP daily.<sup>8</sup> Multiple comorbidities accompanied by CNCP make management of these patients difficult in the primary care setting. Primary care providers are the primary prescribers of opioid pain medication for patients with CNCP, with primary care providers accountable for half of all opioid prescriptions in the US.<sup>6</sup> The massive prescribing of opioid medications for pain has been associated with the unintended consequence of misuse and abuse and associated increased morbidity and mortality.<sup>3</sup> Between 1999 and 2010, fatal overdoses from opioid medications soared from 4,000 deaths to more than 16,000 annually.<sup>2</sup>

A comprehensive patient assessment is the first step in the CDC recommendations to determine whether opioid medications are needed to treat the patient. The assessment should document effects on quality of life, such as sleep, relationships, activity level, and emotions, pain quality, and aggravating/alleviating factors.<sup>3</sup> A thorough assessment can help to determine whether the pain is nociceptive or neuropathic, which will help determine the correct treatment regimen.<sup>3</sup>

The patient should complete a questionnaire, such as the Screener and Opioid Assessment for Patients with Pain version 1.0-SF, to help determine patient potential for opioid abuse/misuse and direct the monitoring for a patient on long-term opioid medication therapy.<sup>9</sup> The Screener and Opioid

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