Combating the Opioid Crisis: A Quality Improvement Educational Initiative Implementing Best Practices in Opioid Therapy for Safe Prescribing in Primary Care

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Purpose

- To introduce primary care providers (PCPs) with evidence-based clinical practice guidelines (CPGs) and risk evaluation and mitigation strategies (REMS) for prescribing opioid medications (POMs) for acute, non-cancer pain based on best practices may impact practice changes that improve patient outcomes, and minimize opioid misuse, abuse, overdose, and death.

Background

- Prescription drug abuse is the fastest growing drug problem in the U.S. and affects every age, gender, ethnic group, and socioeconomic class.
- PCPs are the most prescribed narcotics for moderate to severe pain.
- The Office of National Drug Control Policy (ONDCP) reports that, fewer than 20 percent of all licensed prescribers of controlled substances have formal training in safe prescribing practice.

Methods

Project Design:
Descriptive quantitative one-group pre-test/post-test design executed over a 3 month period from May 2018 to August 2018.

Setting:
An urgent care practice comprised of 14 clinics on the west coast of Florida that served approximately 20,000 patients a month.

Target Population:
A convenience sample comprised of 80 PCPs composed of MDs, DOs, NPs, and PAs.

Phase 1:
- Retrospective Chart Review
- Written Opioid Risk Survey
- Written Pre-Test A and Pre-Test B

Phase 2:
- Educational Module (safe opioid prescribing)

Phase 3:
- Written Post-Test A, and Post-Test B
- Post - Educational Chart Review
- Post - Educational Survey

Results

- There was evidence of a significant increase from baseline for Test A and B.
  - Pre-Test A: 95% [CI 1.34 to 2.66] with a mean difference (md) of 2.00.
  - Pre-Test B: 95% [CI 4.06 to 6.60] with a (md) 5.33.
  - Post-Test A: 95% [CI 0.68 to 5.32] with a (md) 3.00.
  - Post-Test B: 95% [CI 4.44 to 7.16] with (md) 5.80.

Discussion

- CDC Opioid Prescription Guidelines described a knowledge deficit in POM among PCPs as a contributing factor to the opioid epidemic.
- A comprehensive review of Florida House Bill 21 (2018) Controlled Substances. There has been evidence of OT “3-day acute pain” and “7-day exceptional pain” in the EHR.
- Paramount measures to combat the opioid crisis:
  - Risk mitigation
  - Appropriately prescribing of naloxone,
  - Timely referral to Medication-Assisted-Treatment (MAT).

Limited

- Adequate sample size, but poor participation rate plausibly related to: Time constraints, Varying levels of experience, Lack of “Buy-In”, Generalization may be challenging. EHR search engine inability to extract secondary aggregate data for chart reviews specifically by prescriptions written for controlled substances.
- Length of the study.

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