Reporting Compliance with Risk Mitigation Strategies from Clinical Practice Guideline for Opioid Therapy for Chronic Pain

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Significance of the Problem

Impact on Patient Care
- 91 Americans die daily from opioid misuse
- Unknown military-specific statistics, will discuss with subject matter experts (SME)
- Military personnel more prone to chronic pain (44% compared to 26%)

Impact on the Military
- Management of chronic pain costly for the Department of Defense
- Chronic opioid use affects individual and unit readiness

Impact on Nursing
- Cultural transformation needed in chronic pain management
- Advanced Practice Nurses key to implementing evidence-based practices

Purpose

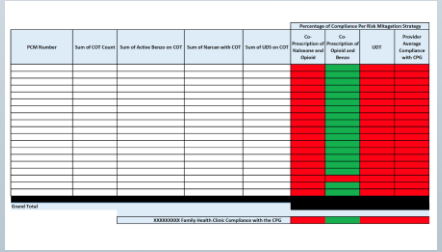
Evaluate the effectiveness of a visible provider level compliance report (dashboard) in the management of patients on long-term opioid therapy (LOT) in accordance with the 2017 VA/DOD CPG, three identified risk mitigation strategies: Co-prescription of naloxone with LOT, annual urine drug screen, and decreases in LOT prescriptions

Assess for any behavioral changes with visibility to prescribing practices in LOT management at JBSA-Lackland and JBSA-Randolph

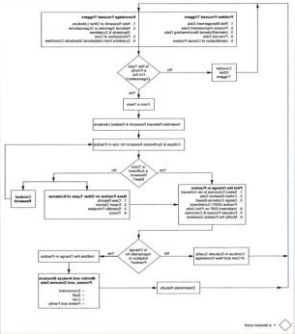
Project Design

General Approach
- Pre-intervention evaluation using a developed clinical dashboard with adherence to the VA/DOD risk mitigation strategies
- Brief in person education for JBSA-Lackland and JBSA-Randolph providers on the 2017 CPG risk mitigation strategies and upcoming dashboard
  - Issuance of VA/DOD CPG for Opioid Therapy for Chronic Pain Pocket Card
- Dissemination of the monthly dashboard containing provider adherence rates during Q1 FY19

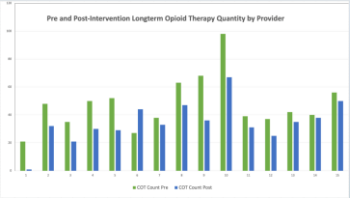
Providers were assigned a random number for confidentiality
Post intervention evaluation with comparison to preceding FY for analysis



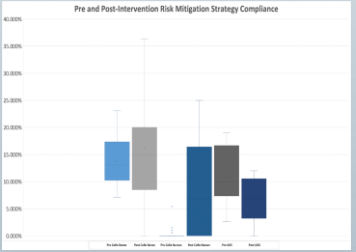
Organizing Framework



Project Results



There was a significant decrease in the COTCountPost (M=34.6, SD=14.7) from the COTCountPre (M=47.6, SD=18.8); t(14)=-4.11, p = .001.



Impact

Increased provider awareness to evidence based practice guidelines in managing patients on LOT
Cultural transformation and transparency in opioid prescribing practices
Improve patient safety for those on LOT

Analysis of the results

Improvement in Narcan and # of LOT Prescriptions
No change in benzodiazepine co-prescription
Decrease in urine drug screen use
- Urine drug screening has limitations

Limitations
Name should be included on dashboard
More frequent contact
Utilization of team approach
- Disease managers, clinical PharmD, etc.

Recommendation for Improvement

Full adoption of 2017 VA/DOD CPG in clinical practice
Continued use of the established Clinical Dashboard via CarePoint
Inclusion of pain champions/disease managers/clinical pharmacists for management/tracking of provider adherence IAW the 2017 CPG risk mitigation strategies

Organization Impact

Utilization of VA/DOD CPG's risk mitigation strategies and Health Information Technology for management of LOT creates a culture of transparency and
- Reduces unnecessary opioid prescriptions
- Decreases cost within the DoD
- Improves military readiness
- Improves patient safety

Future Directions for Research and Practice

More investigation into best opioid prescribing practices
Greater oversight of CPG compliance at MTFs
Crucial to maintain patient safety and readiness

"The views expressed in this poster are those of the authors and do not necessarily reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Department of Defense, or the United States government."

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References Available Upon Request