Convergence of Population Health Management and Appropriate Chronic Opioid Prescribing

Anne Hutchinson MD Tim Drake PharmD, MBA, BCPS





Safe Opioid Prescribing Issues

- Residents received conflicting information
- Apathy toward opioid prescribing increased as residency progressed
- No guidelines, helps or rules within the clinic
- CDC data









Plan

- Schedule opioid education for physicians
- Establish a multi-disciplinary pain advisory board
- Develop guidelines for the clinic
- Start quarterly chronic pain grand rounds
- Institute opioid patient registry
- Population-based intervention
- Monitor resident satisfaction



Key Clinic Guidelines

- No decision on opioids until 3rd visit
- Address behavioral risk
- Avoid opioids + benzodiazepines/OSA
- Do not exceed 80 DME
- Regular monitoring
- Encourage self-management class



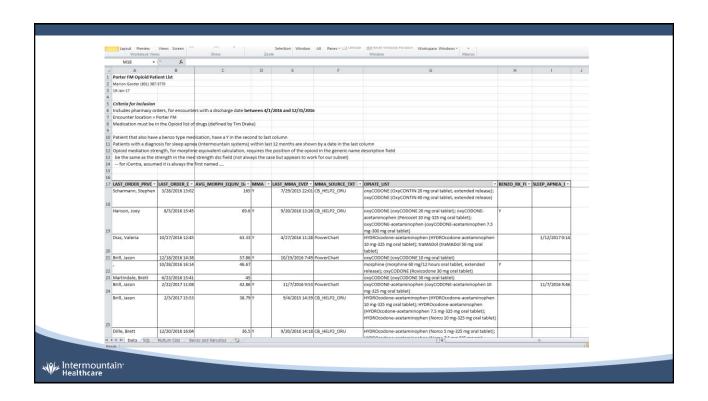


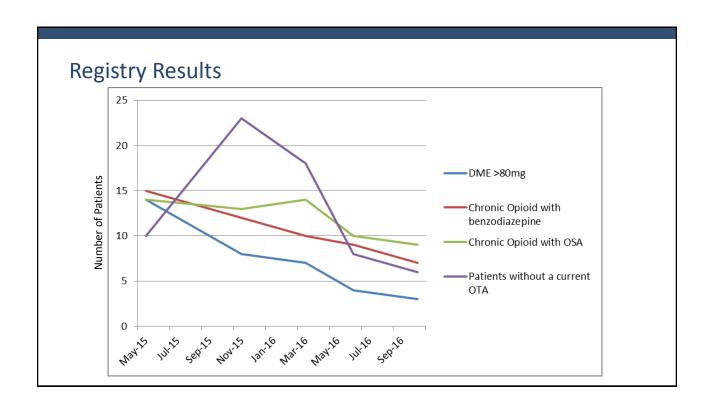
Metrics

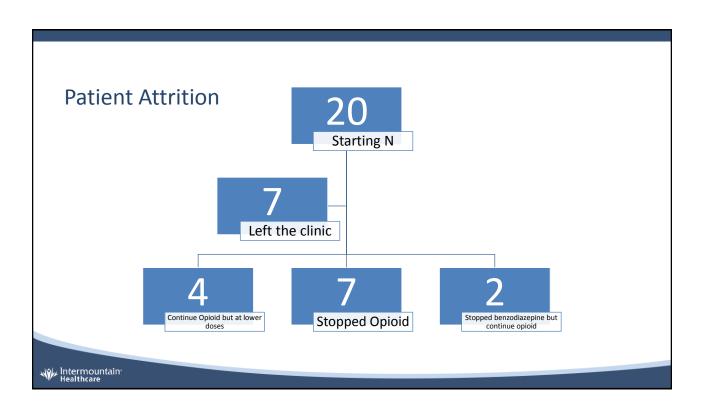
- Number of patients in high risk categories
- Patient attrition
- Residents' confidence and satisfaction with opioid prescribing

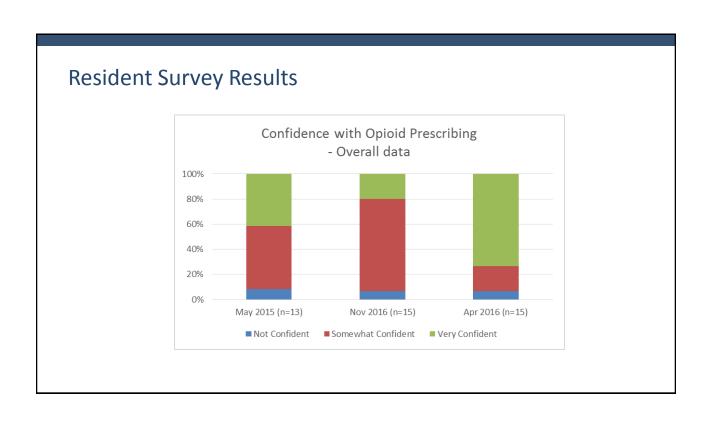


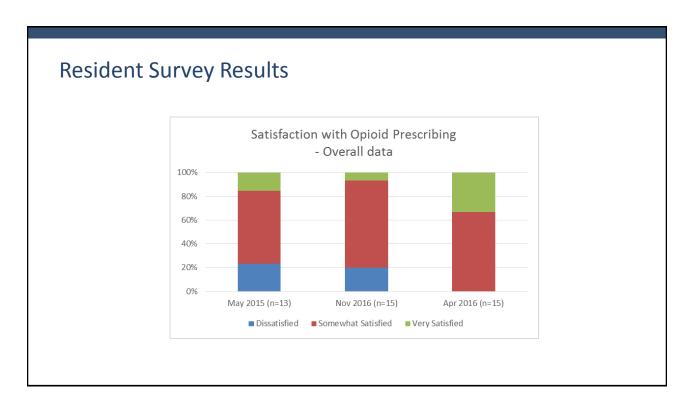














Conclusions

- Resident confidence increases with standardized teaching
- A patient registry is a great tool to monitor patients and increase accountability of providers
- A standard curriculum and registry appear to have positive effects on appropriate prescribing of opioids
- Expanded use of the registry and curriculum is needed to validate the data

