

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

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Doctor of Nursing Practice Project

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Introduction

- Chronic pain = significant health concern
- 116 million adults affected, costing \$635 billion
- LOT has increased
 - Risk of overdose, abuse, and death
- Improper use of LOT in the military
 - Affects funding
 - Affects readiness
- Solution = VA/DoD Clinical Practice Guideline (CPG) for chronic pain
 - Risk mitigation strategies
 - Clinical dashboard showing provider adherence
 - Improved management of chronic pain



(PropertyCasualty360, 2017)

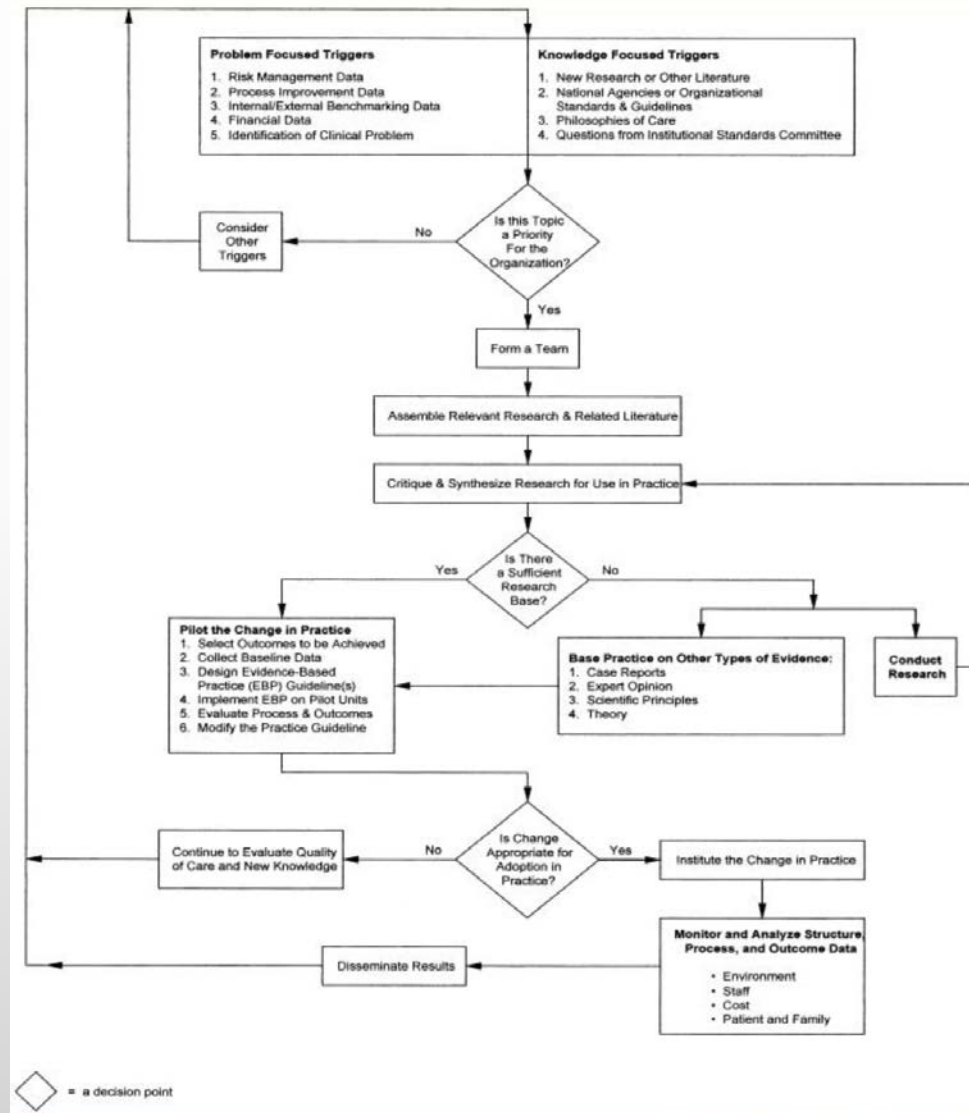
Significance

- Impact on Patient Care
 - 91 Americans die daily from opioid misuse
 - Unknown military-specific statistics
 - Military personnel vs Non-Military (44% compared to 26%)
- Impact on the Military
 - Costly to Department of Defense
 - Affects individual and unit readiness
- Impact on Nursing
 - Cultural transformation is needed in chronic pain management
 - Advanced Practice Nurses key to implementing evidence-based practices

Clinical Question

Among primary care providers, at the family health clinics at Randolph AFB and Lackland AFB, does the implementation of a provider level compliance report affect adherence with the VA/DoD clinical practice guideline for management of opioid therapy for chronic pain risk mitigation strategies compared with current practice?

Organizing Framework: Iowa Model

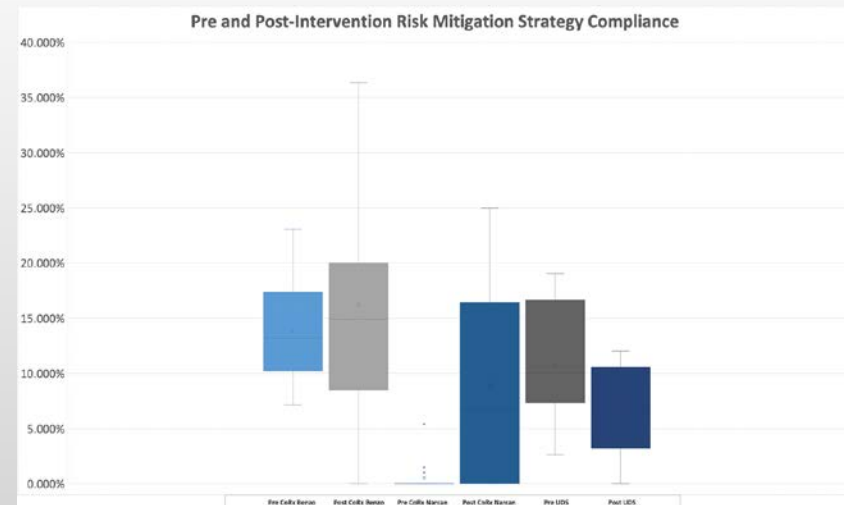
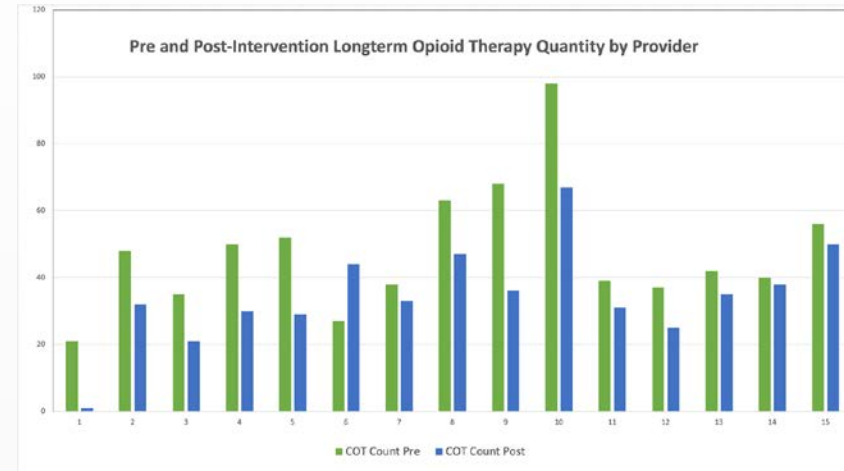


Project Design

- General Approach
 - Pre intervention evaluation of quarter 1 FY18
 - Brief in person education for JBSA-Lackland and Randolph providers on the CPG risk mitigation strategies and the dashboard
 - VA/DOD CPG for Opioid Therapy for Chronic Pain Pocket Card
 - Monthly dissemination of the dashboard containing provider adherence rates during Q1 FY19
 - Random number for confidentiality
- Setting: Family Health

Analysis of Results

- Improvement in Narcan and # of LOT Prescriptions
- Benzodiazepines co-Rx
 - No-change
- Decrease in UDS use
 - Limitations
- More frequent contact w/ providers
- Limitations
 - Providers should be listed by name



Impact/Implications

- 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 MHS
 - improves military readiness
 - improves patient safety
- Recommendations moving forward
 - Full adoption of VA/DOD CPG in clinical practice
 - Continued use of Clinical Dashboard via CarePoint
 - Inclusion of multi-discipline team
- With the developed provider adherence report available via CarePoint sustainability is feasible for continued management of patients on LOT

Conclusion

- Underutilization of CPG
- Generation of provider adherence report
 - Influenced prescribing practices
 - Increased co-prescription of Naloxone
 - Reduced opioid prescriptions
 - Clinical dashboard embedded into CarePoint
- More investigation
 - Best opioid prescribing practices
 - Crucial to patient safety and operational readiness

Thank You!

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References

Available on request