2017

Provider Education & Requirements for Opioid Prescriptions

Lawrence J. Leung
University of Vermont

PROVIDER EDUCATION & REQUIREMENTS FOR OPIOID PRESCRIPTIONS

Community Health Centers of Burlington (FQHC)

Lawrence J. Leung

Rotation Three: 07/2017 – 08/2017

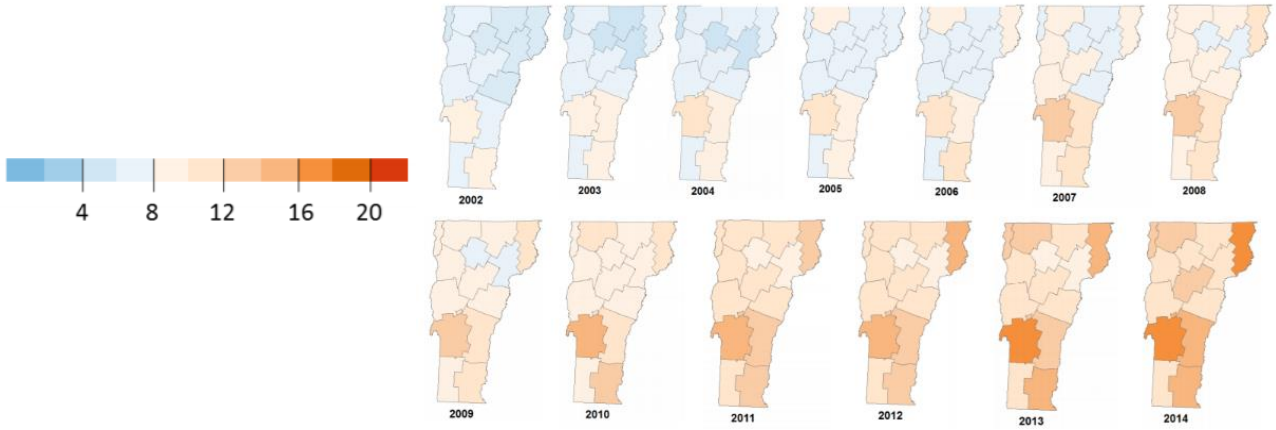
Mentor: Heather Stein, MD

PROBLEM IDENTIFICATION

- **Prescription opioid**-related overdose **deaths** increased dramatically in recent years, parallel with increased opioid prescribing patterns
- **46 people** die **daily** from prescription painkiller overdose in the US
- From a sample (n = 111) of opioid addiction patients at the host community (the Community Health Centers of Burlington):
  - **Average Age** of Initial Opioid Use: **19.66 years**
  - Initial use **due to Provider Prescriptions: 25%**
  - Anecdotal: "Provider's prescribe a lot of opioids for dental pain because it's an area where we do not know much about, sympathize with the patient, and dental pain is some of the worst pain…" – CHCB provider

PROBLEM IDENTIFICATION CONTINUED

- **Opioid Overdose Deaths in Vermont (2002 – 2014):**



- In **2017**, **new regulations** were enacted to control and decrease opioid prescriptions among providers
- Many providers expressed concerns/difficulties of remembering the new protocols and the online chapter being **non-user friendly**

PUBLIC HEALTH COST

- In **2007**, total US societal costs of prescription opioid abuse were estimated at **$55.7 billion**
  - **Workplace** costs accounted for **$25.6 billion (46%)**
    - Driven by lost earnings from **premature death ($11.2 billion)** and **reduced compensation/lost employment ($7.9 billion)**
  - **Health care** costs accounted for **$25.0 billion (45%)**
    - Consisted mainly of excess **medical** and **prescription** costs (**$23.7 billion**)
  - **Criminal justice** costs accounted for **$5.1 billion (9%)**
    - Largely consisted of **correctional facility ($2.3 billion)** and **police costs ($1.5 billion)**
- Costs of prescription opioid abuse is a major and growing economic burden on society
- **Provider opioid prescription regulations** provide an opportunity to break the costly economic burden

COMMUNITY PERSPECTIVE

- Dana Poverman – Director of Outpatient and MAT Programs at Howard Center
  - Over **3,000** patients receiving opioid addiction treatment at Hub programs, many more at the Spokes
  - Opioid addiction is associated with crimes in pursuit of more opioids, as well as many other socioeconomic sequelae
  - She believes the best way to improve the opioid crisis is to have **sufficiently trained practitioners** at all levels – providers, counselors, case managers, etc – to provide empathetic, informed opioid management and care
- Dr. Beach Conger, MD – Physician at Community Health Centers of Burlington
  - The opioid crisis affects a very **specific population** – lower socioeconomic class, family history of substance abuse, etc – a population that **needs more support and resources**
  - He believes the best way to improve the opioid crisis is to **get people into treatment** and **limiting the prescription of opioids**

INTERVENTION

- **Literature review** on the impact of provider opioid prescriptions on dependence and incorporation of pertinent facts into a concise, informative handout with most up-to-date regulations of **opioid prescription requirements**
- **Statistical analysis** of a de-identified database of a sample of opioid addiction patients at CHCB including: average age of initial opioid use and source of initiation (medical prescription vs nonmedical)
- Implementation of an **educational handout** to providers that will provide the significance of opioid prescription cognizance and an easy-to-read list of current Vermont rules for opioid prescriptions
- **Presentation** and **discussion** with providers regarding recent published literature
- **Goal** of intervention is decrease provider prescriptions of opioids and subsequently improve health outcomes by decreasing opioid use and addiction

RESULTS/RESPONSE

- Response from the physicians, physician assistants and nurse practitioners at the Community Health Centers of Burlington were **very positive**
- Providers believe that the handouts made adhering to the new decreased opioid prescribing rules more **convenient and feasible**
- A **presentation** was given about the impact of provider opioid prescriptions, recent published research, and the data about the sample CHCB opioid addiction patients, which was met with good **discussion** and feedback
- **Handouts** were given to providers, placed in the provider computer room, and made available electronically

EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- **Evaluating Effectiveness**
  - Quantitative measure of the decrease use of narcotics
  - Qualitative and quantitative measure of increase provider comfort with adhering to the new Vermont regulations
  - Quantitative measure of increase treatment of pain without narcotics
- **Strategies to Improve Effectiveness of Intervention**
  - Handouts in convenient locations (provider computer room, clinical pods, patient rooms, etc)
  - Decreasing excessive information makes following requirements user-friendly
- **Limitations**
  - Subjectivity of pain
  - Unique situations/cases not described in the handout

FUTURE RECOMMENDED PROJECTS

- **IRB** and in-depth **statistical analyses** of sample CHCB opioid addiction patient database for demographics, characteristics, motivating factors to seek treatment, and motivating factors to maintain addiction
- **Qualitative and quantitative measurements** of improved provider comfort with adhering to Vermont opioid regulations
- **IRB** and **survey** CHCB opioid addiction patients the effectiveness of different options (PT, NSAIDS, opioids, etc) for acute pain (ie. How to treat acute pain in chronic opioid patients, suboxone patients, and methadone patients?)
- **IRB** and **survey** CHCB opioid addiction patients whether dental pain was the source of their initial opioid prescription

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INTERVIEW CONSENT FORM

- Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorkswebsite. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.
- Yes __X__ / No _____