Primary Care Pain & Opioid Monitoring Program (PC-POP)

Alise Williams Condie, Opioid Education Intern; Ashley Yaugher, PhD; Kira Swenson, BS; Maren Wright Voss, ScD

INTRODUCTION

Problem Statement

In 2017 the US lost over 70,000 lives due to drug overdose, with almost 48,000 related to opioids. This crisis results in approximately 115 lives lost each day. Rural locations are at greater risk for opioid-related overdoses due to several factors, including lack of resources and the many barriers that come with rural living. One of the most impactful and proven ways to reduce opioid overdose deaths is through screening for opioid misuse through opioid monitoring (i.e., monitoring prescription databases).

Proposal

The Primary Care Pain and Opioid Monitoring Program (PC-POP) will respond to a critical need in the opioid epidemic, providing resources to prescribing physicians to educate their patients on safe opioid use and effective alternative pain management. The successful VA-SLC-HCS-developed program requires community implementation, so our focus is to identify, adapt, and sustain PC-POP goals, elements, and procedures for Veterans and community members living in rural communities.

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STATED PROGRAM OBJECTIVES

1. To gather and analyze data for enhanced understanding of the extent to which opioid substances and related events have and continue to impact the rural communities where Veterans live.

2. To improve Veteran safety and decrease adverse opioid-related events in the identified communities.

3. To identify and ensure enhanced access to whole health, non-pharmacological pain, and life-saving groups, programs, and services in and near the identified rural communities.

4. To develop community partnerships and processes for program dissemination, sustainment, and exportability.

5. To identify processes and resources necessary to provide education, whole health services, and non-pharmacological pain programs via tele health and in the homes of Veterans living in rural communities.

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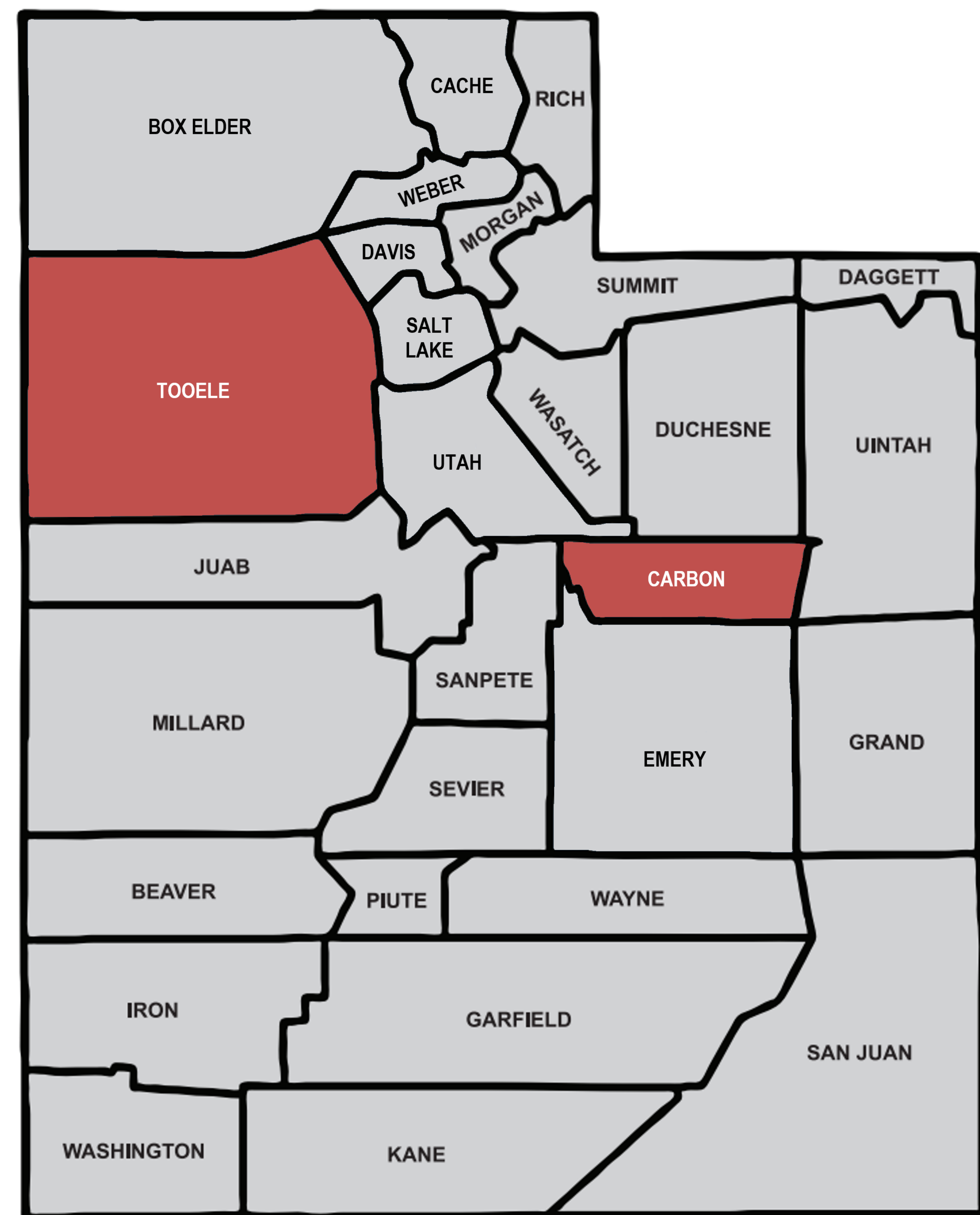
EXTENSION UtahStateUniversity.

COMMUNITY NEEDS ASSESSMENT

Carbon & Tooele

The counties of Tooele and Carbon were identified to have few pain management resources, and were in need of a sustainable program to unify existing resources. Acquired funds will be targeted toward meeting the needs of community-dwelling veterans and community members who stand in need of opioid monitoring (as identified by their primary care providers).



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EXTENSION
UtahStateUniversity.

ACCOMPLISHMENTS

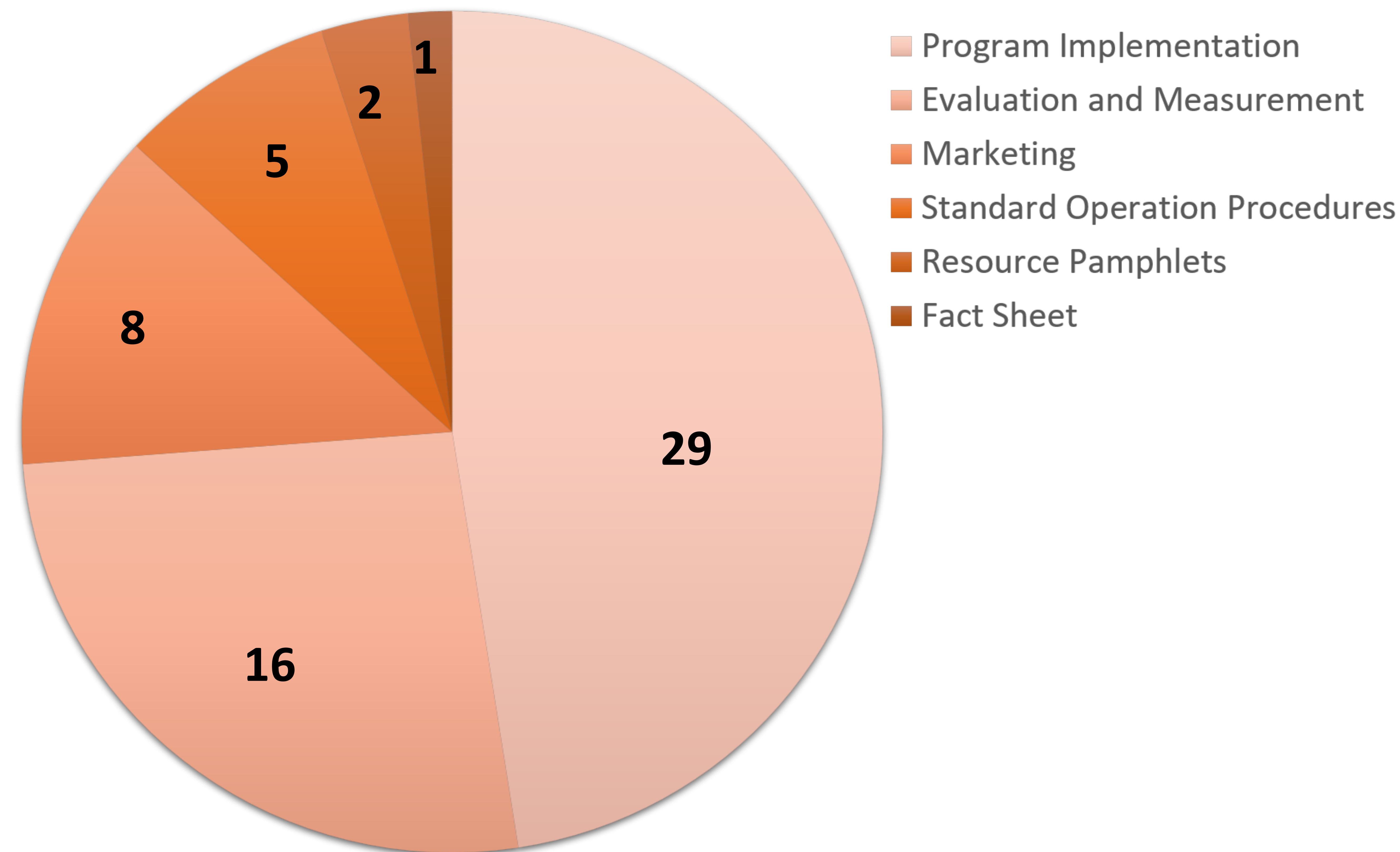
Program Development

Development of the PC-POP program has promoted unity in community members and outreach groups, bridging the gap between support groups and local veterans in need. In addition, collaboration with local veteran outreach groups is ongoing, strong, and consistent.

Funding

We were able to expand scope and funding by over $30,000 due to a collaborative partnership with the SLC VA.

A total of 115 documents will help increase exportability and replication in other communities. These documents include (but are not limited to):



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LESSONS LEARNED

USU

Implementing the program to fidelity created issues with patient confidentiality and sensitive patient medical information. Patient medical information would regularly need to be collected and documented to adequately monitor opioid medication intake. Seeing as the collection of such information was crucial to the program's fidelity and success, and that USU does not have the supervisory and legal protection structure to join pain education with risk assessment at this time, program initiation has been postponed until further notice.

VA

A primary difficulty was obtaining MOU and contractual agreements to allow non-VA employed personnel to participate in a VA-sponsored community implementation. In addition, legal difficulties arose within the VA's network. Their understandable need to keep treatment for veterans confidential prevented the creation of a more efficient shared programming.

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ACKNOWLEDGEMENTS

Jamie Clinton-Lont, MS, CNP (Veteran's Affairs SLC HCS); Katherine Sadler (Veteran's Affairs SLC HCS); Tiffany Lowery, RN (Veteran's Affairs SLC HCS); Dr. Amber Martinson (Veteran's Affairs SLC HCS); Dr. Shane Bench (Assistant Professor of Psychology, USU Eastern); Dr. Sandra Sulzer Assistant Professor of Health & Wellness, USU Logan); Ashli Lund (Opioid Education Intern).

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