

Safe Opioid Prescribing Series: How to Safely and Effectively Treat Pain in Primary Care

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INTRODUCTION

This educational intervention was designed to assist NPs in rural areas, private practice, or smaller settings who are not affiliated with larger organizations or healthcare systems who are not familiar with the current national treatment and prescribing guidelines.

This activity was jointly developed with the National Nurse-Led Care Consortium under the CMS-funded Nurse Practitioner Support & Alignment Network (NP SAN). The NP SAN works to prepare NPs for the Quality Payment Program by promoting value-driven practice transformation that includes but is not limited to patient and family-centered care design, continuous data-driven quality improvement, and sustainable business operations.

Start and End Date 03/30/2018 – 05/31/2020

OBJECTIVES

- Identify self-competence versus lack of knowledge and/or confidence in safe opioid prescribing concepts.
- Discuss the steps for conducting medical, psychosocial and behavioral exams for facilitating optimal outcomes in chronic pain management.
- Utilize a variety of validated pain assessment tools and recognize the limitations of those tools.
- Describe the steps needed to complete a pre-trial assessment and move forward to a trial of opioid medications.
- Discuss national standards for safe opioid prescribing to treat chronic pain.
- Identify Red Flag behaviors that can indicate potential misuse of opioids.
- Summarize the termination process and documentation.

OUTCOME METHODS

Educational outcomes data assessing learners' knowledge, confidence and competence were obtained pre/post activity as well as 6-MONTHS after activity completion.

- Total records = 8,486 (pre/post/eval) and 447 (follow-up)

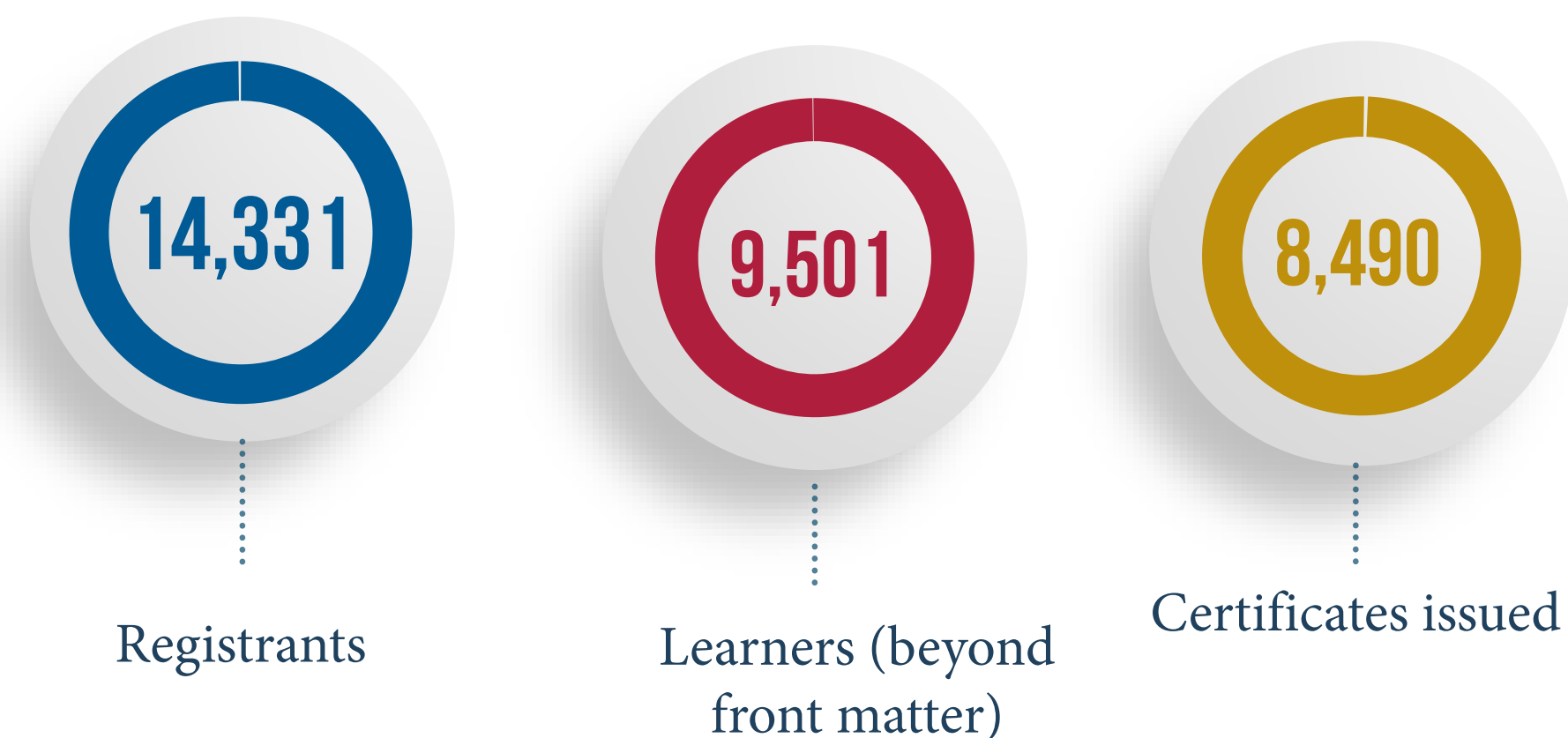
Learners were offered an additional 0.25 CE credit and additional resource(s) for taking the follow-up survey.

EXECUTIVE SUMMARY

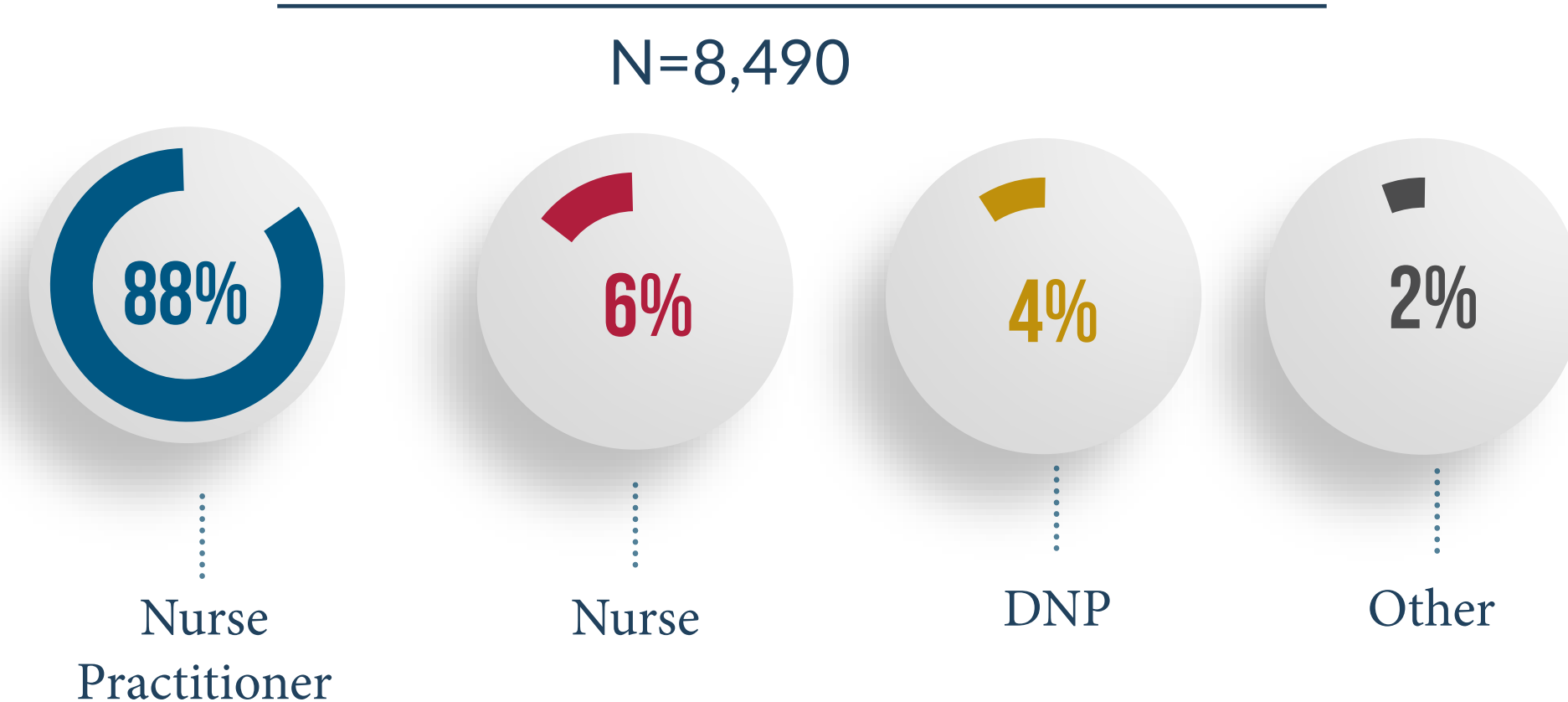
Audience reached

- 14,431 participants (179% of grant target); 8,490 completions
- 88% are nurse practitioners
- NP certification: 64% Family, 16% Adult/Gerontology
- Practice setting: 36% Urban, 37% Suburban, 26% Rural
- 21% (574/2742) treat patients with injectable cosmetics each month; 6236 (73%) reported not currently enrolled with a Practice Transformation Network under the CMS program, Transforming Clinical Practice Initiative.
- 64% (5429) report having taken training or CE/CME in the best practices or evidence-based guidelines of pain management therapies

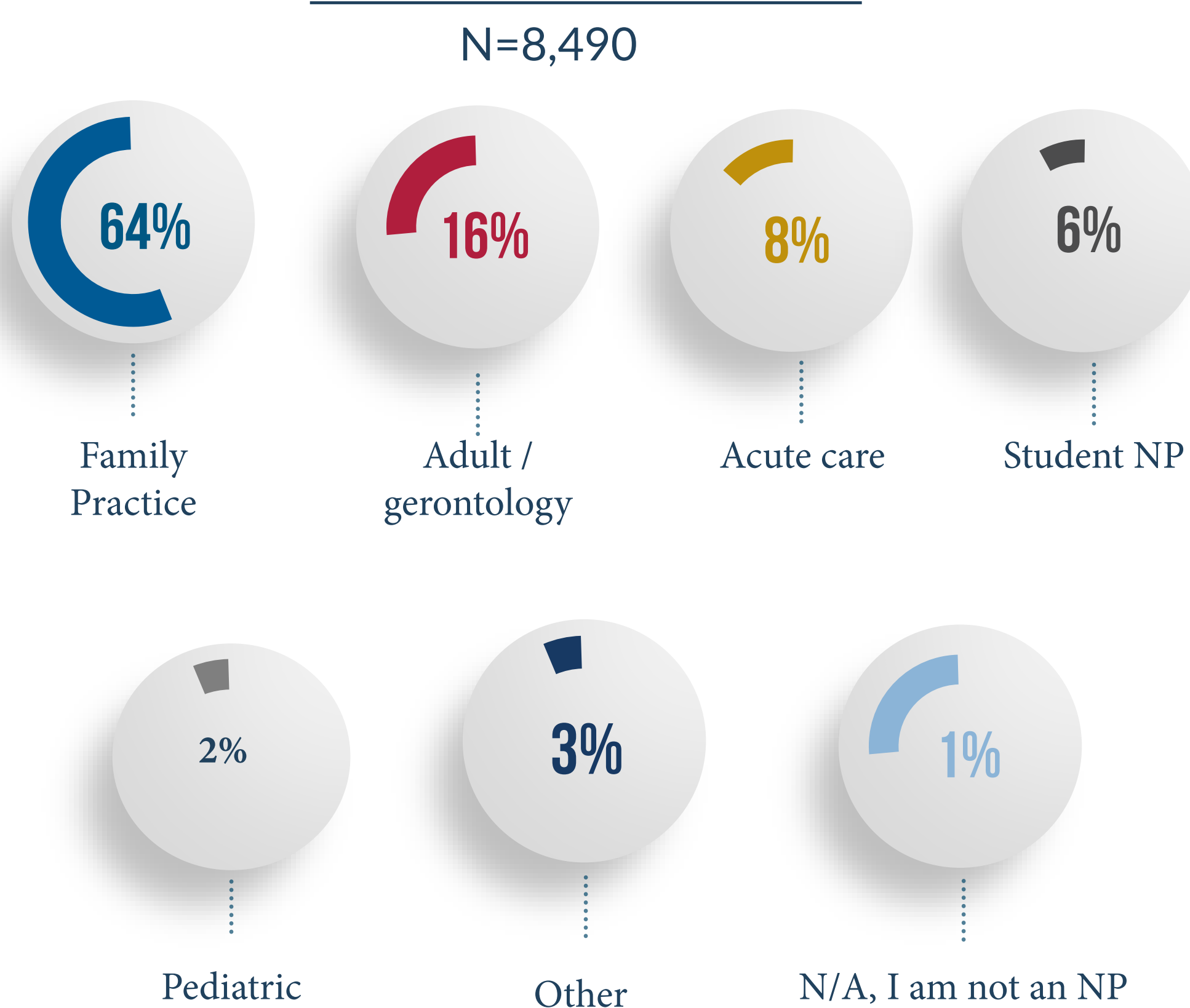
ACTIVITY PARTICIPATION



LEARNER DEMOGRAPHICS

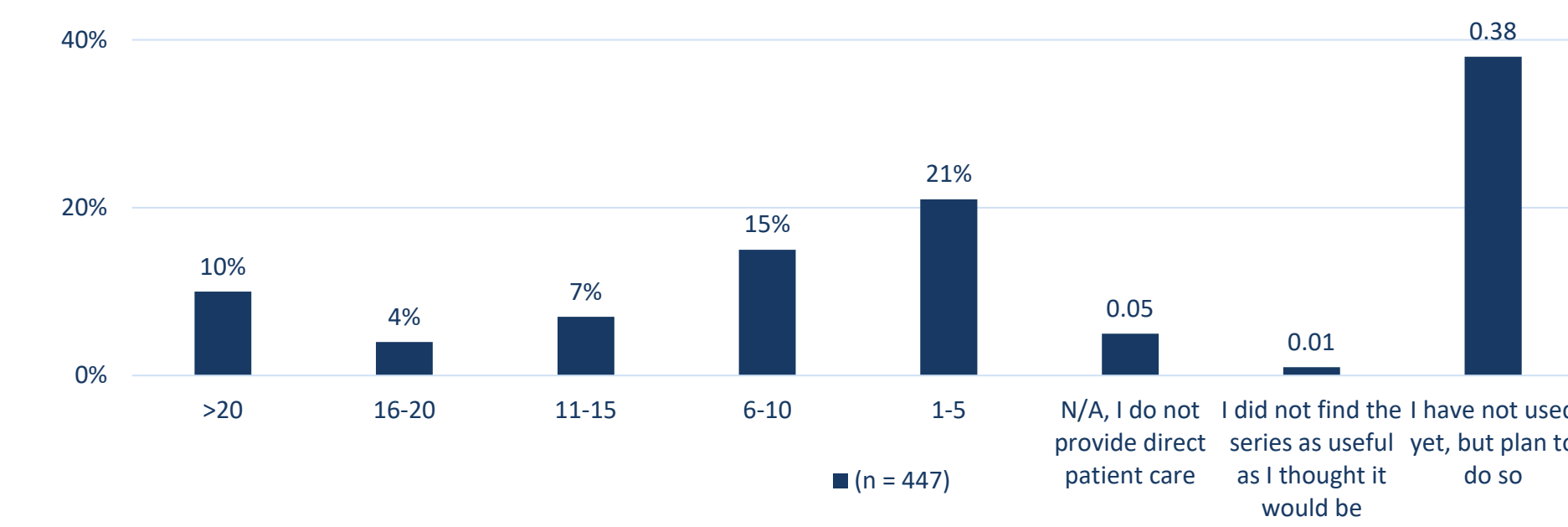


NP CERTIFICATION

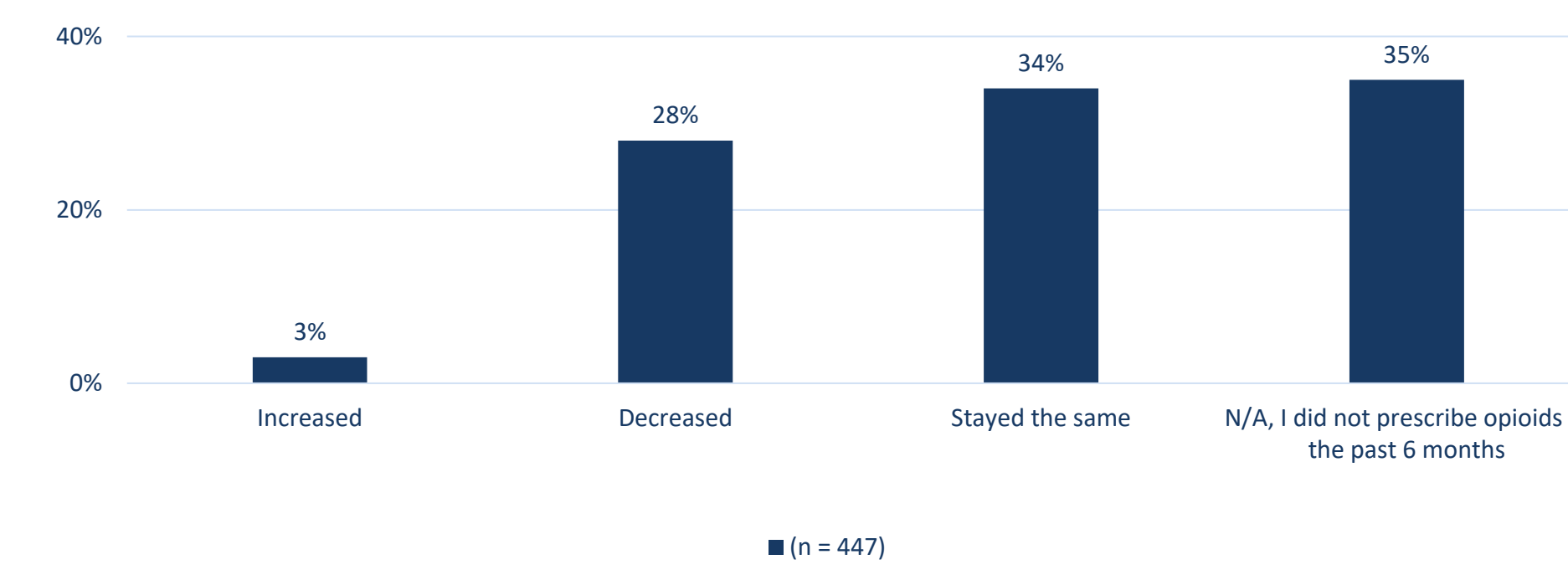


6-MONTH FOLLOW UP

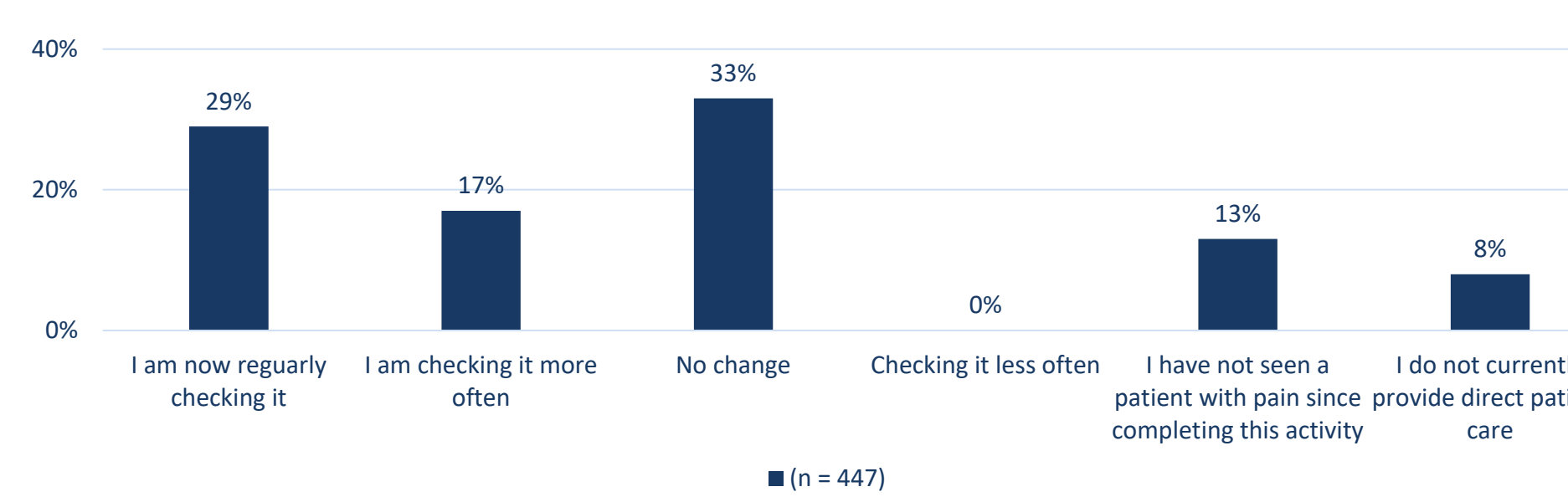
Thinking about opioid-managed individuals on your panel or those who have passed through your healthcare setting that you have treated - approximately how many patients were impacted by the education or materials included in the 'Safe Opioid Prescribing Series: How to safely and effectively treat pain in primary care' podcast series?



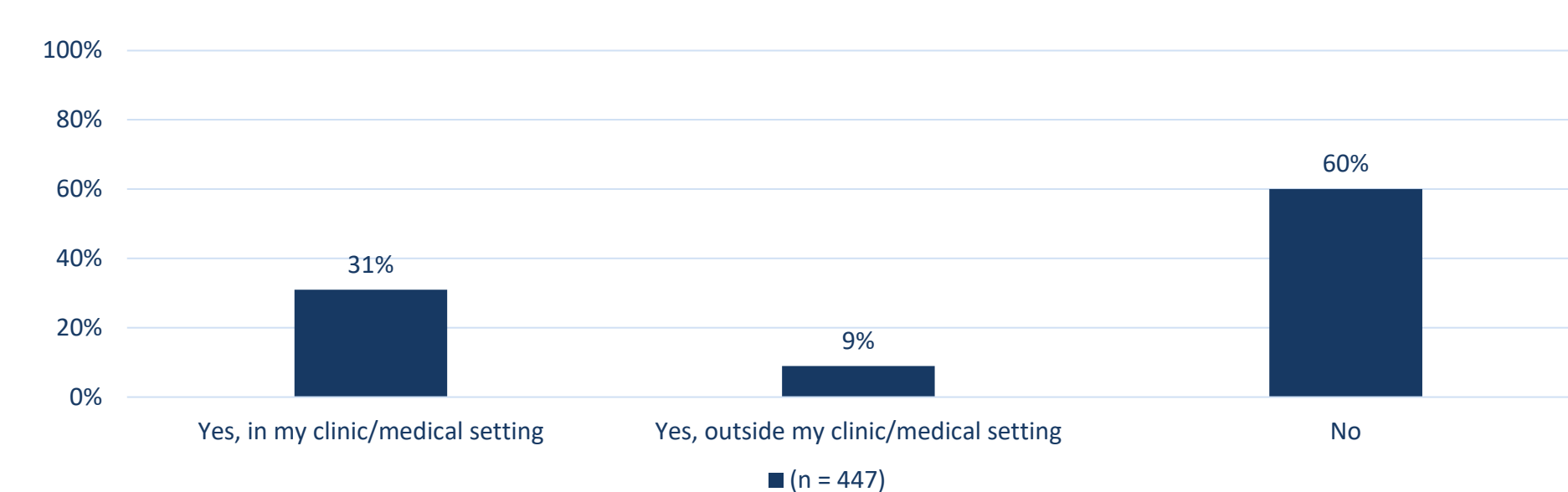
Thinking about the number of opioid prescriptions you have written/authorized in the past 6 months, did this number change as a result of this podcast series?



As result of this tool, have you changed how you are accessing your state's Pharmacy Drug Monitoring Program (PDMP)?



Please indicate if you shared this series with other providers



PRACTICE CHANGE	Yes	No	N/A
As a result of this activity, I have initiated or improved medication management across transitions of care settings and providers	53%	18%	29%
As a result of this activity, I have identified opioid-managed individuals as a high-risk patient population and incorporated them into regular case management or huddles to assess their needs and to plan accordingly	51%	15%	34%
As a result of this activity, I am now working with patients to provide individualized plans of care, including but not limited to: integrated/alternative therapies, health risk assessments, gender, age, and condition-specific preventative care services	60%	9%	31%

6-MONTH FOLLOW UP

USEFULNESS	Yes	No	N/A, I do not provide direct patient care
Have you utilized the information in the activity for direct patient care?	71%	21%	8%
Have you utilized the information in the activity for clinical education?	62%	30%	7%
Have you utilized the information in the activity for practice site education or process change?	42%	49%	9%
Have you utilized the information in the activity for curriculum development?	20%	71%	9%
As a result of this activity, I have initiated or improved a medication action plan process for my high risk or opioid managed patients	53%	18%	29%

Did the activity have any unintended (beneficial or adverse) effects on your intervention or treatment strategy/approach? If yes, please describe

Yes*	No
13%	87%

*Comments

- I think it just made me consider abuse more and in a more structured way. In pediatric oncology, drug seeking is usually not an issue, but I need to consider this more as I rarely think about it.
- A better understanding of factors related to the development of substance use disorder is of great benefit in the care of adolescents in preadolescence.
- I am a palliative care nurse practitioner working at home. I found the direct open nature of the questions to be helpful, my patients need not be offended by detailed history re: narcotic use, family history as this is all relevant for quality patient care
- Beneficial in knowledge of monitoring requirements but difficult to implement as coverage of urine drug screens & Narcan prescription varies from pt to pt. Also, very labor intensive in limited time slot.
- Benefit--I now have measurable markers for evaluating need and use of opioids
- As stated above, it is necessary to be an advocate in the decrease/elimination of the opioid crisis. The red flags mentioned were useful and call attention to options which can decrease opioid dependency and increase patient safety.
- More confidence in knowing when to potentially refer to pain management if I am in an appropriate situation in the future.

ACKNOWLEDGEMENT

This continuing education project is supported by Funding Opportunity #CMS-111-15-002 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.