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Training Health Care Providers on Pain Management and Safe Use of Opioid Analgesics Exploring the Path Forward; Public Workshop

Food and Drug Administration, HHS

May 9&10, 2017

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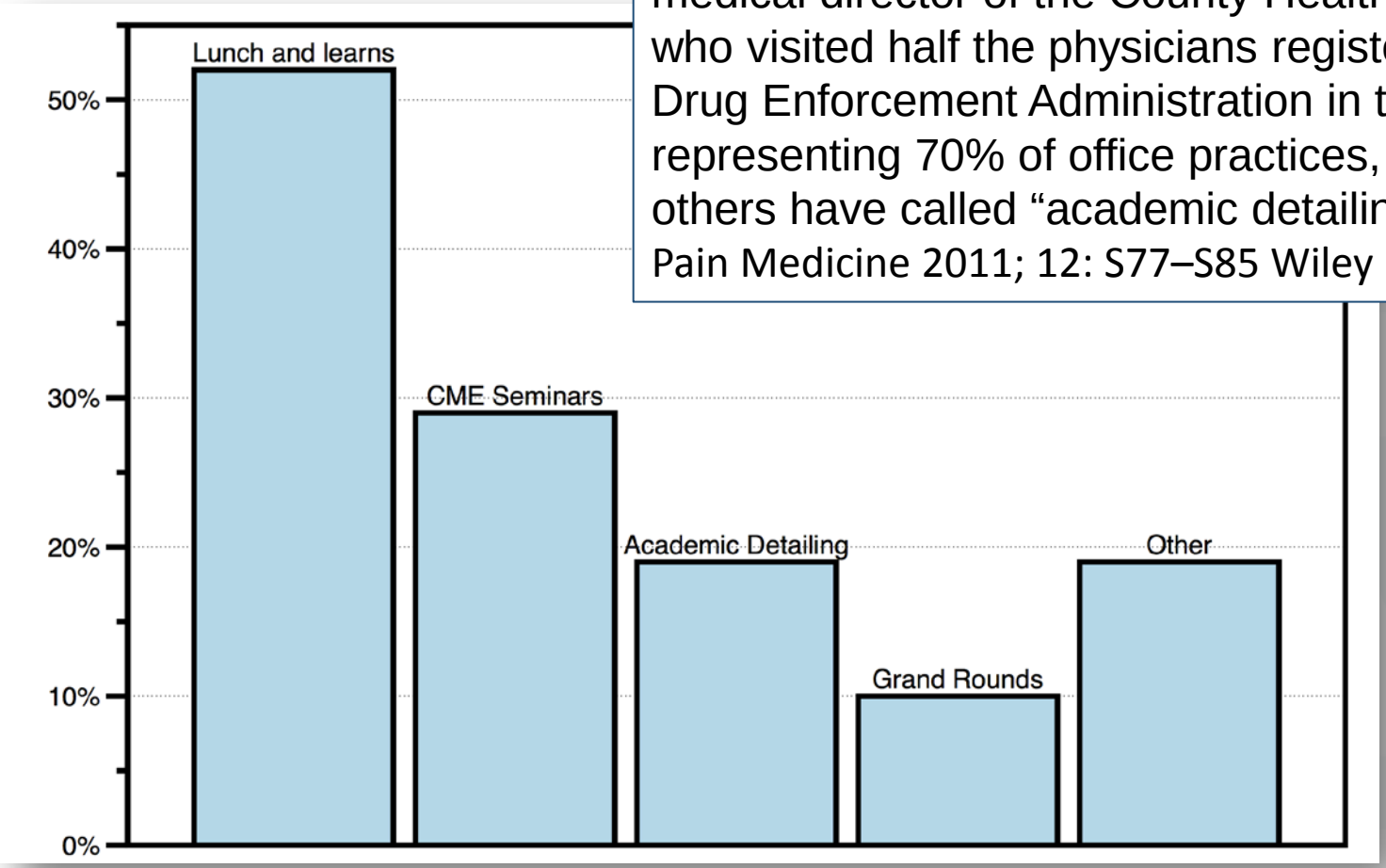
Wilkes County Wake Forest Evaluation

Physician education has been conducted by the medical director of the County Health Department, who visited half the physicians registered with the Drug Enforcement Administration in the county, representing 70% of office practices, a strategy that others have called “academic detailing. Albert et al Pain Medicine 2011; 12: S77–S85 Wiley Periodicals, Inc.

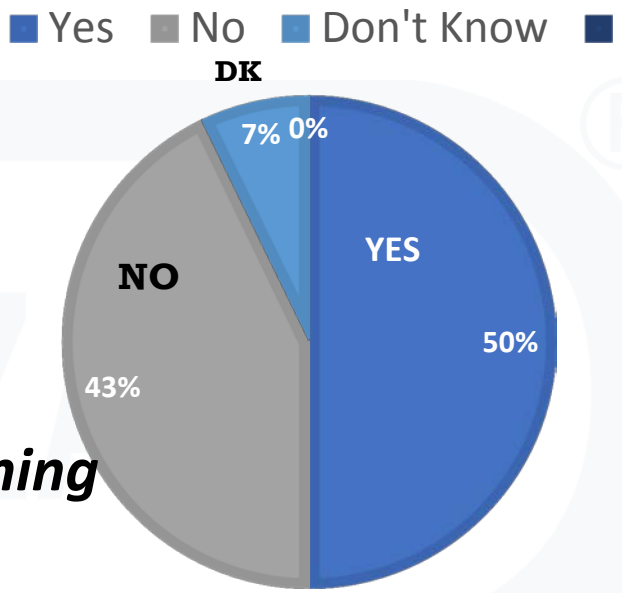


Most continuing medical education on pain management is didactic.

Source: 2011 Project Lazarus Health Director Survey

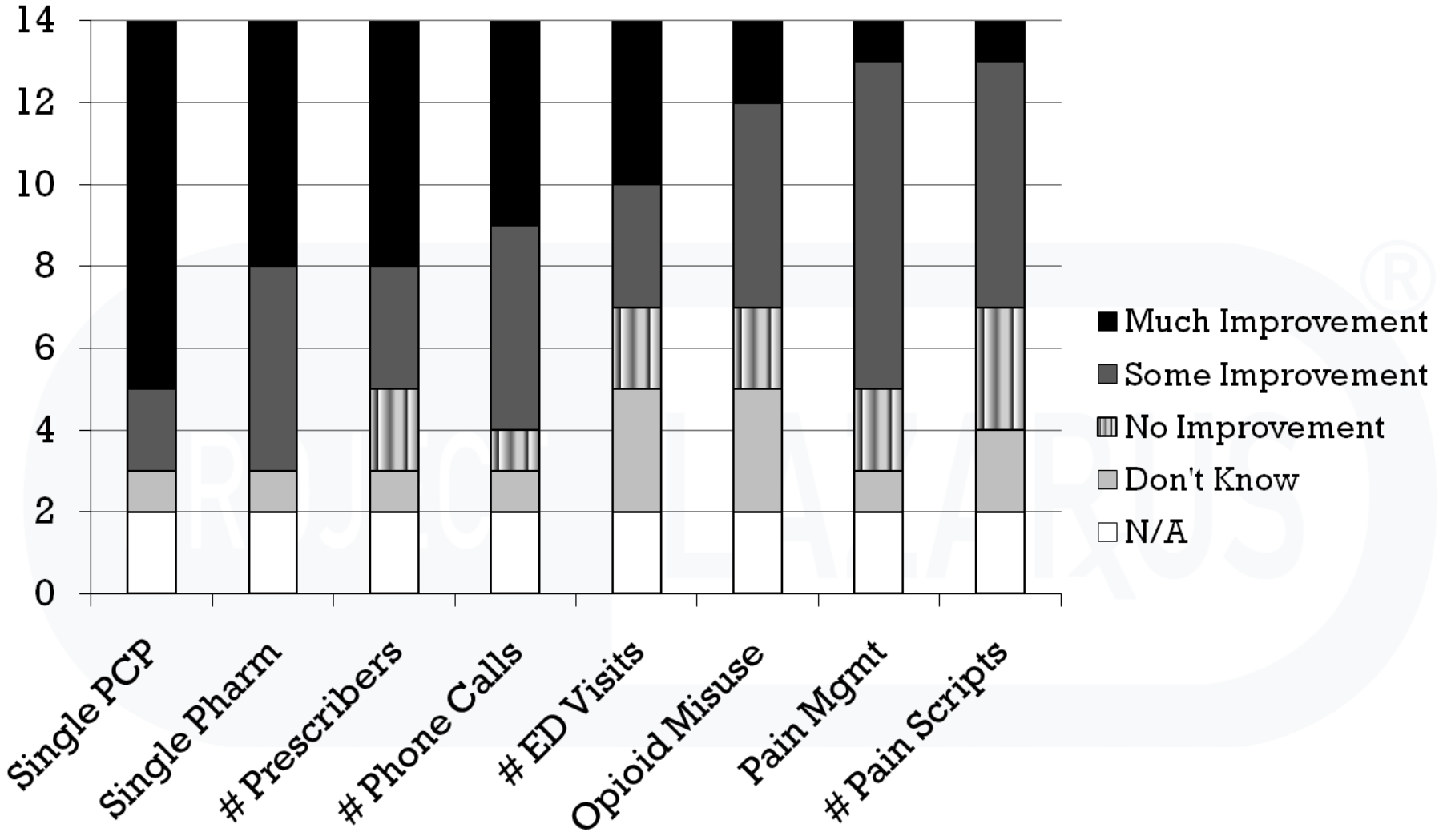
Impact of CPI

"Has your comfort level with treating chronic pain patients changed as a result of being involved in CPI?"



- *Already had philosophy and was using pain contract*
- *CPI validated those tactics and provided documentation tools*
- ***Feels like now there's a guideline explaining all that needs to be done.***
- ***Feels 'covered' if following guidelines.***
- *Still does not like treating CP; prefers to refer to pain clinic.*

Provider Perceptions of Patient Change



Womack Army Medical Center
Opioid Risk Mitigation Plan

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Operation OpioidSafe

PRIMARY PREVENTION

- Risk Stratification
- Urine Drug Screen
- Sole Provider Agreement
- Opioid Physical Profile
- Restricted Refill Duration
- Patient and Family Education
- Nurse Case Management

EPIDEMIOLOGIC SURVEILLANCE

- Account for all patients who entered Risk Mitigation program and their status
- Surveillance of overdose rates, fatal overdoses, and all-cause mortality

SECONDARY PREVENTION

- Education of patient and family on identification and treatment of overdose
- Dispense naloxone
- Opioid detoxification (buptenorphine)

COMMUNITY EDUCATION

- Integrate into safety stand-down days at Battalion level
- Instruction to cadre and staff of Warrior Transition Brigade
- Education to unit medics on opioid overdose and treatment
- Presentation of Operation OpioidSAFE video to all members receiving curriculum

COALITION BUILDING

- Coordinate with stakeholders within the community
- Have Army Substance Abuse Program (ASAP) implement Operation OpioidSAFE into their program
- Coordinate with substance abuse treatment centers

Overdose Rate

15 OD's per 400 soldiers to 1 per 400.

- 2008 and 2009 non-fatal OD's were 17 per 1000 soldiers.
- That rate dropped to 1.4 per 1000 soldiers
  - *according to WTU Brigade surgeon statistics.*

Naloxone 2008 – *the "stop, look and listen moment"*

Abuse deterrent formulations - refills

A systematic approach to pain management emphasizing

- *risk stratification*
- *risk mitigation*
- *provider education*
- *other modalities to/with opioids for pain management*

Resulted in a reduction of opioid prescribing with decreased healthcare utilization and improvement in patient satisfaction

Prescribe to Prevent – Asheville NC - MAHEC

N=32	Strongly Agree 5	Agree 4	Undecided 3	Disagree 2	Strongly Disagree 1	Rating Average
Presentation positively impacted my ability to provide services to patients and/or clients	59%	31%	3%	0%	3%	4.48
Define the components of a successful community-based prescription opioid overdose prevention program	**56%**	**44%**	**0.0%**	**0.0%**	**0.0%**	**4.56**

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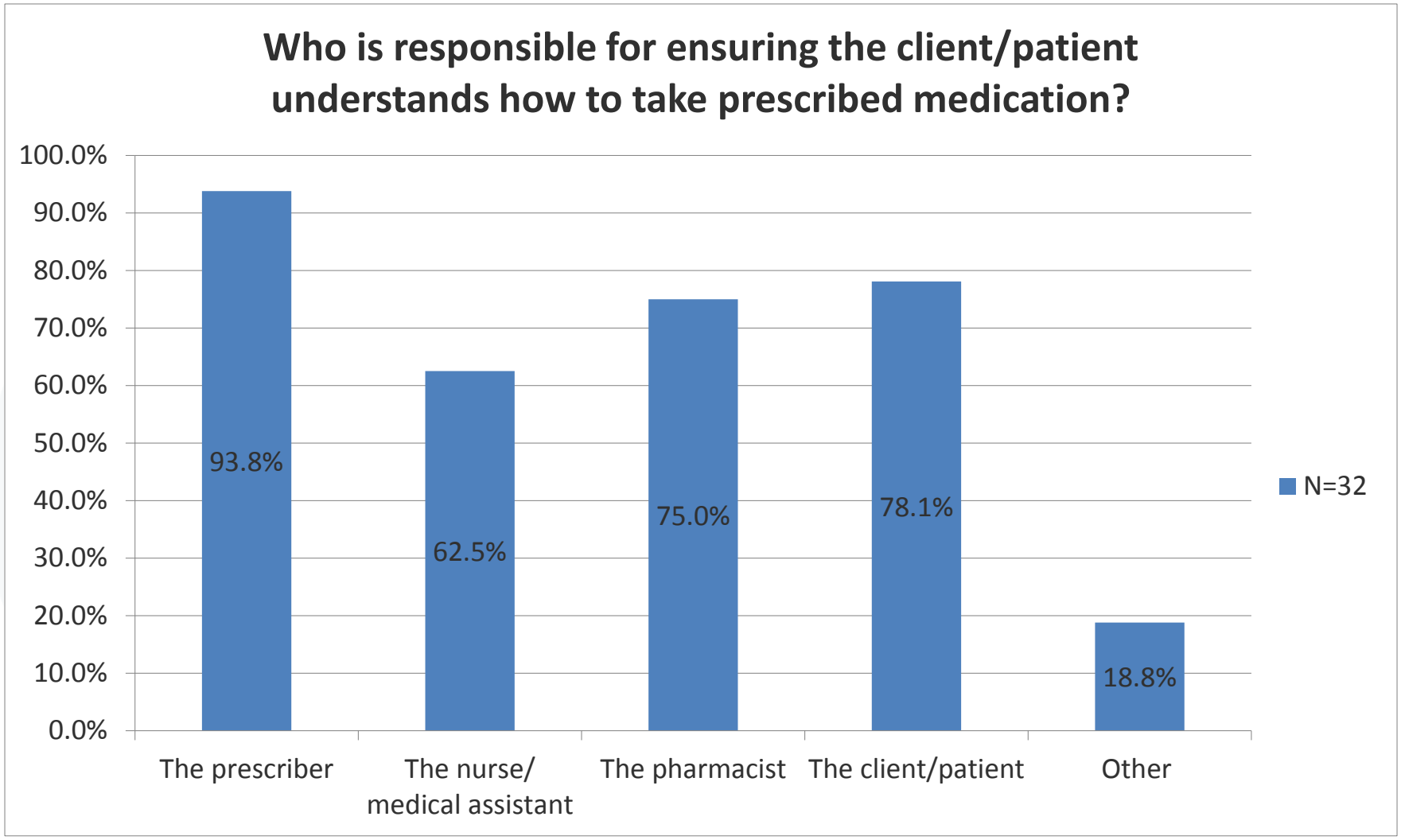

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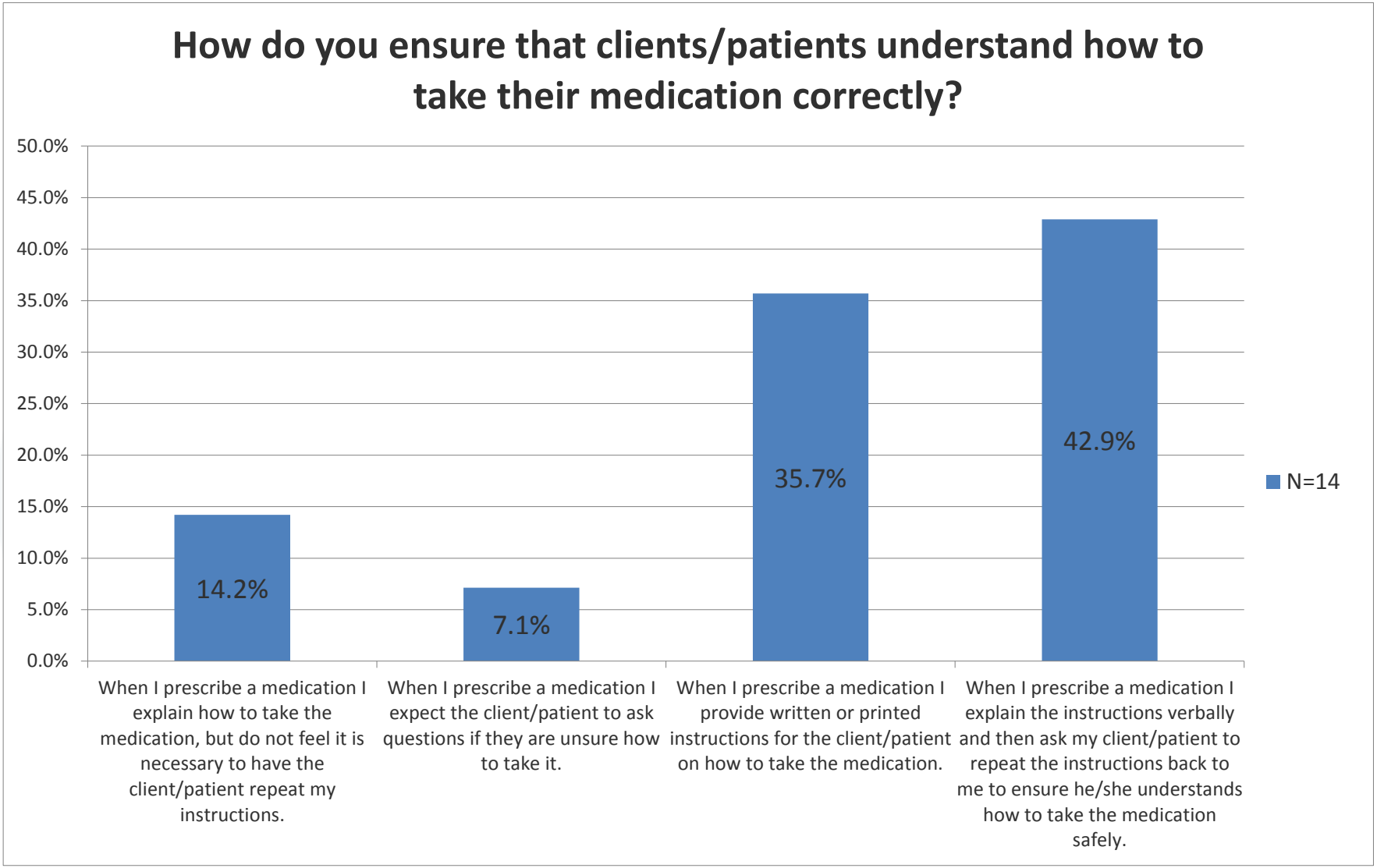
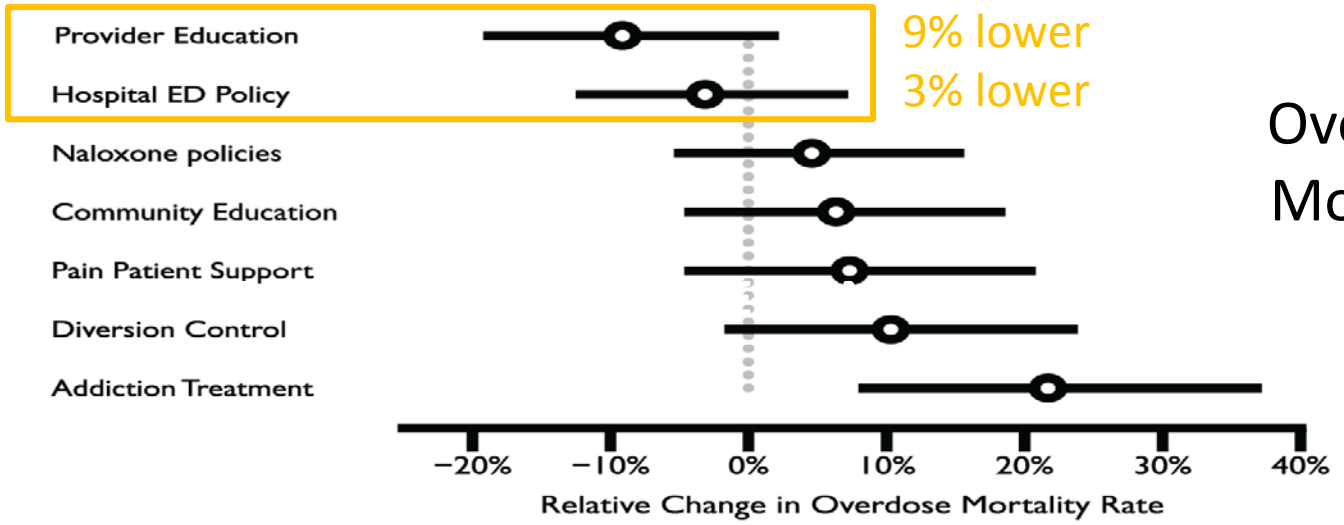
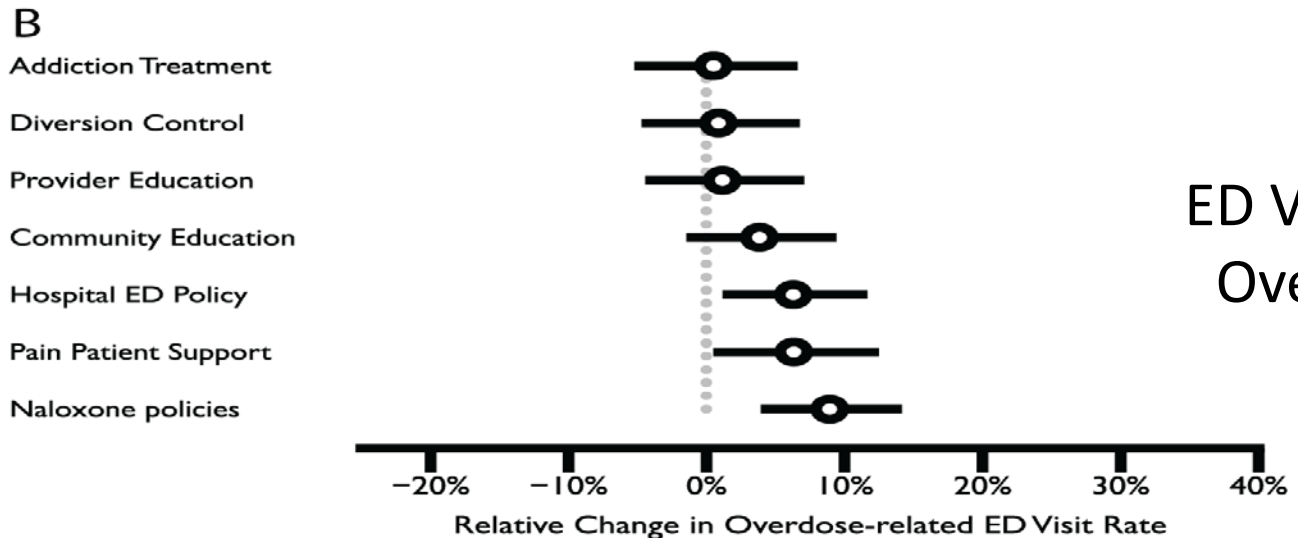


UNC Injury Prevention Research Center



Overdose Mortality



ED Visits for Overdose

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IMPACT in NC

- Most effective strategies to immediately reduce overdose rates were prescriber education related to pain management and addiction treatment
- Policies designed to limit the amount of opioids dispensed in hospital emergency departments.
- Greater utilization of addiction treatment showed a delayed reduction in ED-related overdose visits.
- State and local strategies to prevent overdose should consider interventions within the healthcare system, and use community-based coalitions to build and sustain support for these interventions

Lessons Learned

- Where there is a will, there is a way
  - Initially more push, now more pull
- Training alone is not sufficient
  - Support
  - Integration
  - Team based care
- Available, accessible and covered modalities for pain management

Failure to treat is mistreatment!

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www.projectlazarus.org

LEARN ABOUT THE PROJECT LAZARUS MODEL

CLICK ANY PORTION OF THE MODEL TO FIND OUT MORE!

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Robert Wood Johnson Community Health Leader Award 2012