Safer Opioid Prescribing in Family Physicians in British Columbia

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Background

In British Columbia, in 2015, family doctors were unsatisfied with ambiguous approaches to Chronic Non Cancer Pain (CNPC) management. Physicians cited this ambiguity as a significant source of stress contributing to burnout, further resulting in ambiguous opioid prescribing with self-capitulating negative outcomes.

The BC College of Physicians developed intrepid educational materials to assist in opioid prescribing in light of the North America-wide opioid crisis. The General Practitioner Services Committee’s (GPSC) Practice Support Program (PSP) endeavored to change the behaviour of family physicians and their assistants in the Fraser Health Authority region by introducing clinical decision making support tools in the management of CNCP using physician champions to deliver the material to their peers through storytelling and practical workshops.

Aim

To increase the satisfaction of family physicians in their care for CNCP patients by 2 points on a 1 to 10 scale by the completion of paid 3 x 3 hr educational sessions with homework assignments in between.

Actions Taken

- Pain specialists and general physicians came together to create a toolbox of standard assessments for identifying risks of opioid medication misuse and to monitor functional improvements in CNCP patients on opioid therapy.

- Adult education facilitators and family doctors delivered educational interactive sessions with 10 sets of 20 family doctors and one of their staff to introduce opioid risk tool, PHQ-9, and a brief pain inventory (BPI), internet based provincial pharmacy dispensing records (Pharmanet), and informed consent documents for opioid therapy.

Results

200 family doctors increased the usage of screening and assessment tools such as PHQ9, BPI, ORT, and Pharmanet checks in chronic pain management by on average 3.97 in a 1 to 10 points scale. The family doctors are more satisfied with the way they manage and treat CNCP patients, as reflected by an increase of 2.0 points on a 1 to 10 scale survey. After the program, the physicians were much more likely to use a BPI to track functional changes in patients with CNCP.

Lessons Learned

If family doctors and their staff are given dedicated time to be exposed to and apply standardized screening and assessment tools, we can improve the safety, efficiency, and likely the costs associated with opioid pain management. Physicians have the potential of gaining confidence and likely, one of the most challenging parts of their job can become more enjoyable.

Team

General Practice Services Committee - Practice Support Program
Pain Specialists
Family Medicine Leads
Medical Office Assistants

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