Background & Problem

- In 2016, over 42,000 deaths in America were due to opioid overdose, more than 40% of which were due to prescription opioids. Specifically, there were 13,776 prescription-related opioid overdose deaths in Texas alone.¹
- Opioids are used for the treatment of chronic pain, often without proper regulation.
- In 2015, the Texas Medical Board changed their policy regarding chronic pain treatment from a set of suggested guidelines to strict rules, making adherence more urgent.⁴ Required documentation components include:
  - Patient history and physical exam
  - Treatment plan and goals
  - Medication documentation
  - Discussion of risks and benefits
  - Pain management agreement
  - Periodic review of pain control
  - Check of TX Prescription Drug Monitoring Program (PDMP), or appropriate explanation if not necessary
  - Urine toxicity screen, or appropriate explanation if not necessary

Local Problem

- Preliminary studies by our group at UT Southwestern Medical Center (UTSW) have shown low physician adherence to several of the policy components. While some accessibility tools have been developed to improve adherence, there is little qualitative data regarding current physician practices.

Aim

- By December 2019, our aim is to increase the number of physicians adhering to Texas Medical Board Rule 170.3 regarding chronic pain treatment requirements to 100%.
- Our specific goals are to:
  - Understand the current physician practices and adherence to the TMB policy.
  - Guide implementation strategies for our opioid navigator tool built in the electronic medical record (EMR).

Measures and Methods

- Barrier to adherence questions guided by fishbone
- Questions on individual treatment components guided by swim-lane diagram
- Opioid prescribing providers to send to determined by chart review

Lessons Learned/Next Steps

- Physician training on registry and EMR tools
- Consider standardized institutional policy
- Integrate PMP data into EMR
- Electronic risk and pain assessments
- Barriers to Success
- Delays in meetings and physician education due to scheduling conflicts of a multidisciplinary team
- Physicians unwilling to cooperate with training

Quality Tools

- Survey analysis
- Integrate PMP data into EMR
- Consider standardized institutional policy
- Next Steps
- Electronic risk and pain assessments

Results/Conclusions

- Most common barriers to adherence identified were time constraints, low clinical value in some patients, and ease of access
- Most common suggestions included improved education and standardized policies for the institution
- Sustainability
- Thorough physician training
- Easily accessible prescription practice report

Limitations

- Low survey response rate
- Overly stringent registry criteria

References:

1. CDC (2017). Wide-ranging online data for epidemiologic research. (KODMOR), National Center for Health Statistics.