Chronic Opioid User Report

Component 1: Advancing understanding

Reducing the number of opioid prescriptions has been the main response by prescribers to the opioid epidemic.

Considering non-pharmacologic pain treatments as first line requires direction on how to integrate these treatments into primary care.

Using Six Building Blocks, an evidence-based quality improvement roadmap, a team developed and integrated a non-pharmacological pain plan (NPPP) protocol into the pain management guidelines (Parchman, et al. 2017).

Adult chronic opioid users were targeted.

The protocol consisted of three components guiding structured conversations, and supportive resources to guide patients in integrating selected options into their pain plan.

AIM

Develop and integrate a non-pharmacological pain plan (NPPP) protocol at a primary care setting.

NPPP PROTOCOL

- **Component 1: Advancing understanding** of non-pharmacologic pain treatment for both the healthcare professional, patient, and integration into the workflow.

- **Component 2: Pre-visit planning** focused on the care of complex patients in pain using the Chronic or Weekly opioid reports.

- **Component 3: Shared-Decision Making (SDM)** between the clinician and patient.

DESCRIPTIONS

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- Considering non-pharmacologic pain treatments as first line requires direction on how to integrate these treatments into primary care.

- Using Six Building Blocks, an evidence-based quality improvement roadmap, a team developed and integrated a non-pharmacological pain plan (NPPP) protocol into the pain management guidelines (Parchman, et al. 2017).

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QUESTIONNAIRE & WORKSHEET

PDSA cycles facilitated the development of:

- Chronic Opioid User Report
- Revised Intake checklist
- Capturing the patient story: Pain & Comfort Questionnaire
- Education
- Workflow connection between team & visit
- NPPP protocol: Advancing Understanding, Pre-visit planning & Shared decision making in structured conversations (Initial & Shared Decision Making [Treatment Selection, Follow-up, Referral]).

RESULTS

- 25-staff completed education
- 32 Patients with NPPP
  - 48% Male/52% Women
  - Age range 80 - 41
  - 100% Pain and Comfort Questionnaire and 84 % personal goals in EMR
  - 64% baseline PEG
  - MME ranged 3 – 298 per day
  - 1-3 non-pharmacologic tried
  - Patients suggesting lowering MME’s or substituting non-pharmacologic for opioids

CONCLUSIONS

The components of the NPPP protocol intervention are not linear but cyclic in nature advancing both the provider's and patient's knowledge, skills, and attitude development in the understanding and the application of non-pharmacologic pain management. The predominate personal goal was to improved social interactions and mobility. The team will continue to hardware the protocol, increase documentation of PEG score progression, monitor MME’s, and progression toward personal goals.