Improving management of narcotics use for chronic pain in primary care

The Problem

Use of narcotics in the treatment of chronic pain is a challenge for many practitioners and patients. Issues include limited training, unclear evidence of functional outcomes, and concerns with prescription drug abuse and diversion. HCA developed a policy in 1999 that recommended the use of a patient/provider narcotic agreement, but adherence to these guidelines was found to be limited.

Aim/Goal

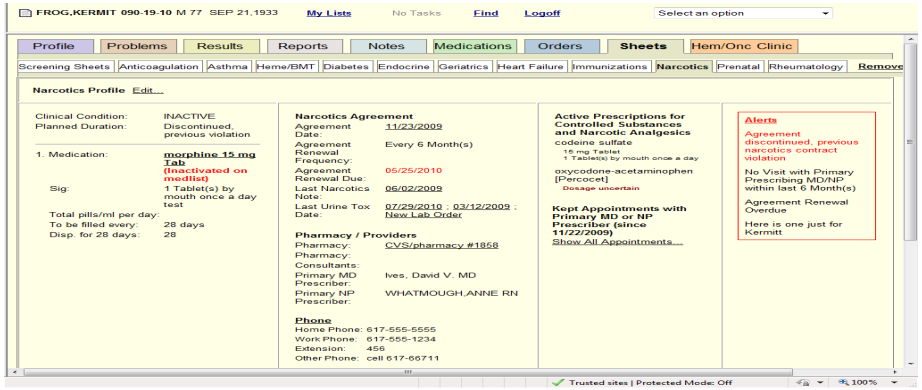
Improve management of narcotics prescribing and improve patient safety through the implementation of a clear and consistently applied policy, the use of new OMR tools, annual narcotics agreements, and annual structured clinical assessments.

The Team

- **HCA Narcotics Committee**: Diane Brockmeyer MD, Marc Cohen MD, Melissa Cote RN, Steve O'Neill, LICSW, JD, Booker Bush MD, Julia Lindenberg MD, Jennifer Allen Pharm D, Jill Hallisey NP
- **Medicine QI**: Gila Kriegel MD, Hans Kim MD, Scot B Sternberg, MS
- **HCA Leadership**: Jim Heffernan MD, Louise Mackisack MA, HCA Practice Committee
- **IT**: Andrea Renken, Amy Goldman, Carolyn Conti; **Laboratory**: Gary Horowitz MD

The Interventions

- Updated Policy and Procedures to reinforce closer oversight and delineate PCP "ownership" and responsibility for narcotic management.
- Instituted policy that PCPs are responsible for ensuring that patients on chronic narcotics (defined as > 6 weeks) must have an OMR Narcotic Sheet, customized annual agreement within the prior 12 months, MD or NP visits in HCA every 4 months, and annual narcotics clinical assessment.
- Instituted policy that *only* if above conditions are met are HCA RNs able to support MDs by preparing narcotic medication refills for MD signature.
- Instituted policy that on first visit to HCA, no narcotics will be prescribed until full clinical evaluation is completed, including communication with prior caregivers.
- Provided standardized curriculum on chronic pain and opiate prescribing management to housestaff, and educational sessions for faculty, NPs, and RNs.
- Made available physician experts to perform standardized case reviews upon MD or NP request, to assist with clinical management and complex decision-making.
- The Narcotics Committee worked with OMR team to develop the OMR Narcotic Flow Sheet, which captures key clinical data points and offers customized alerts; a link to ED Dashboard; and summary reports.



The Results/Progress to Date

HCA Chronic Narcotics Practice			
	Total Patients on Chronic Narcotics	**% with Agreement in Prior 12 Months**	**% with OMR Sheet**
Pre	Unknown number	57%*	Sheet not available
Post	709	81%	93%

* Based on sample review of 28 patients on narcotics

- This process resulted in improved documentation, and improved ability to provide appropriate care for patients with pain and for patients with addiction.

Lessons Learned

- Alerts and performance tracking reports can assist with prospective management of patients on chronic narcotics and can improve guideline adherence.
- Clear and persistent leadership is instrumental in the ongoing implementation of this policy.

Next Steps

- Implement periodic performance reports to continuously monitor and facilitate guideline adherence.
- Implement clinical support for interpretation of urine toxicology results and increase frequency of use of urine toxicology.
- Qualitative survey of patients, staff, and providers regarding perceptions of care and processes related to this policy.

Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School | The Silverman Institute For Healthcare Quality and Safety

For More Information Contact

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