

Chronic Pain Protocol Adherence and Utilization in Primary Care

Abigail O'Reggio
USF MCOM- LVHN

Follow this and additional works at: <http://scholarlyworks.lvhn.org/select-program>



Part of the [Medical Education Commons](#)

Published In/Presented At

O'Reggio, A. (2016, July 29). *Chronic Pain Protocol Adherence and Utilization in Primary Care*. Poster presented at: The Prologue II Presentation Day, University of South Florida, Tampa, FL.

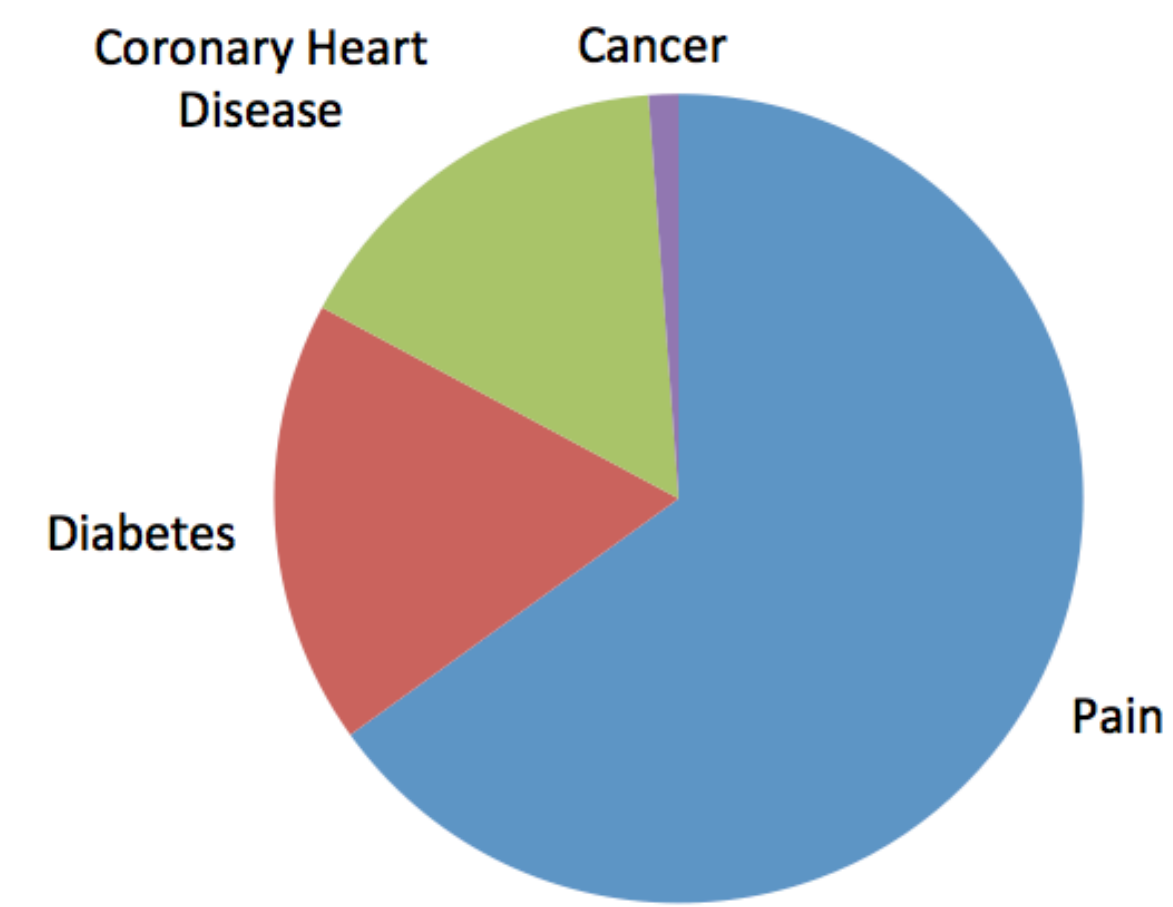
This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Chronic Pain Protocol Adherence and Utilization in Primary Care

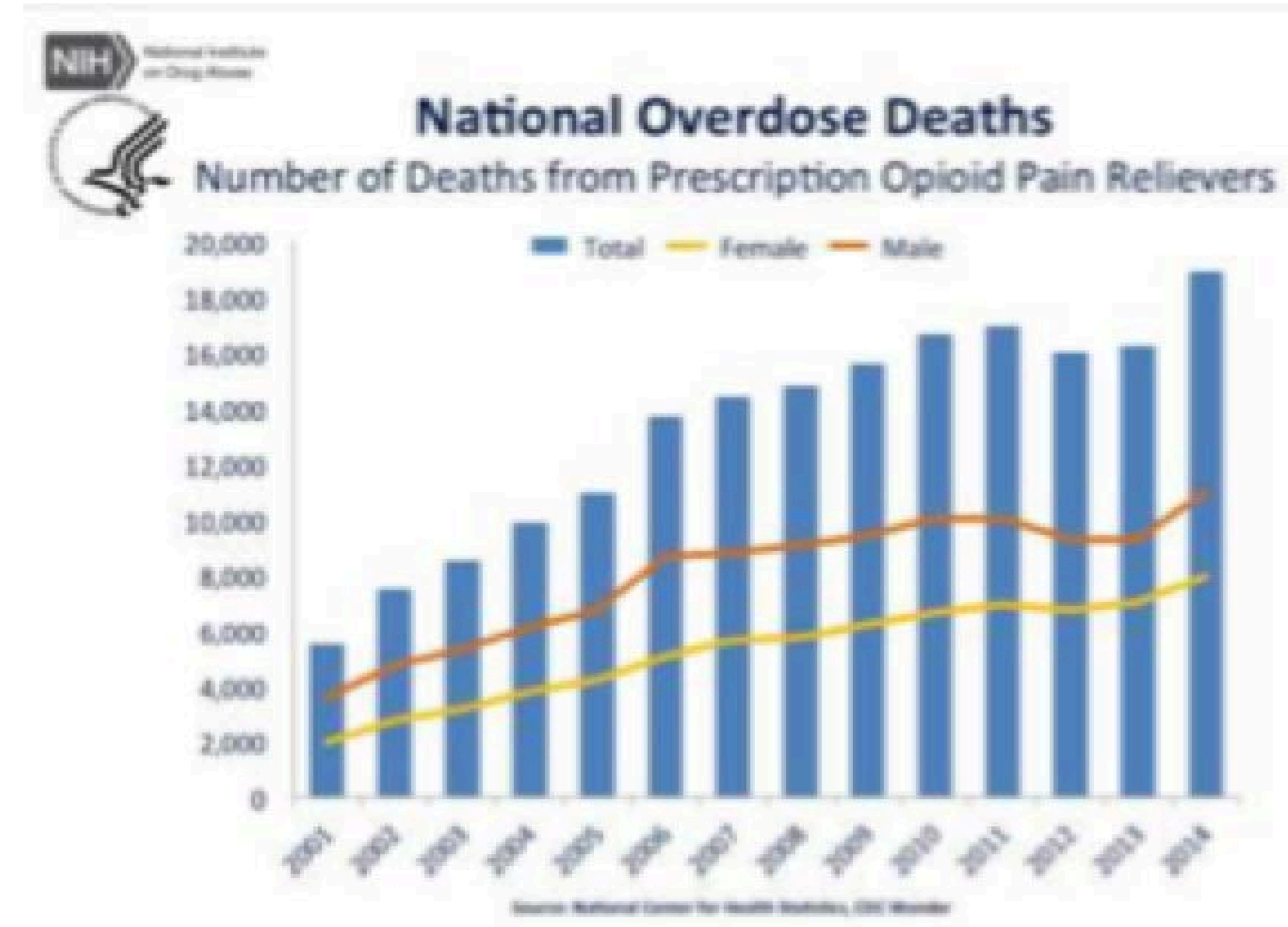
Introduction

- 11.2% of adults in US experience chronic pain¹. Pain affects more Americans than diabetes, heart disease and cancer combined.

Incidence of Pain as compared to Other Major Conditions

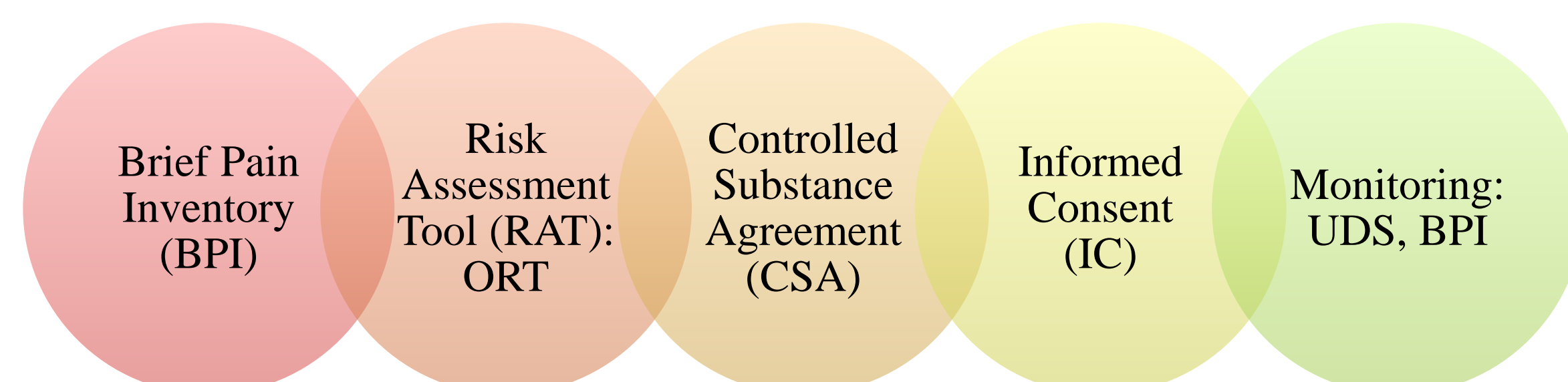


- Primary care physicians write more than 40% of opioid prescriptions in the United States yet many express dissatisfaction with their competency in managing patients with opioids.²
- Most fear the many risks accompanying opiate use



- From 2001 to 2014 there was a 3.4 fold increase in the total number of deaths³
- Fortunately many tools exist to help clinicians manage chronic pain with opiates

LVHN Chronic Pain Protocol



- However, degree to which components of the protocol is utilized varies by provider and practice

Abigail O'Reggio, MD Candidate, class of 2019

Methodology

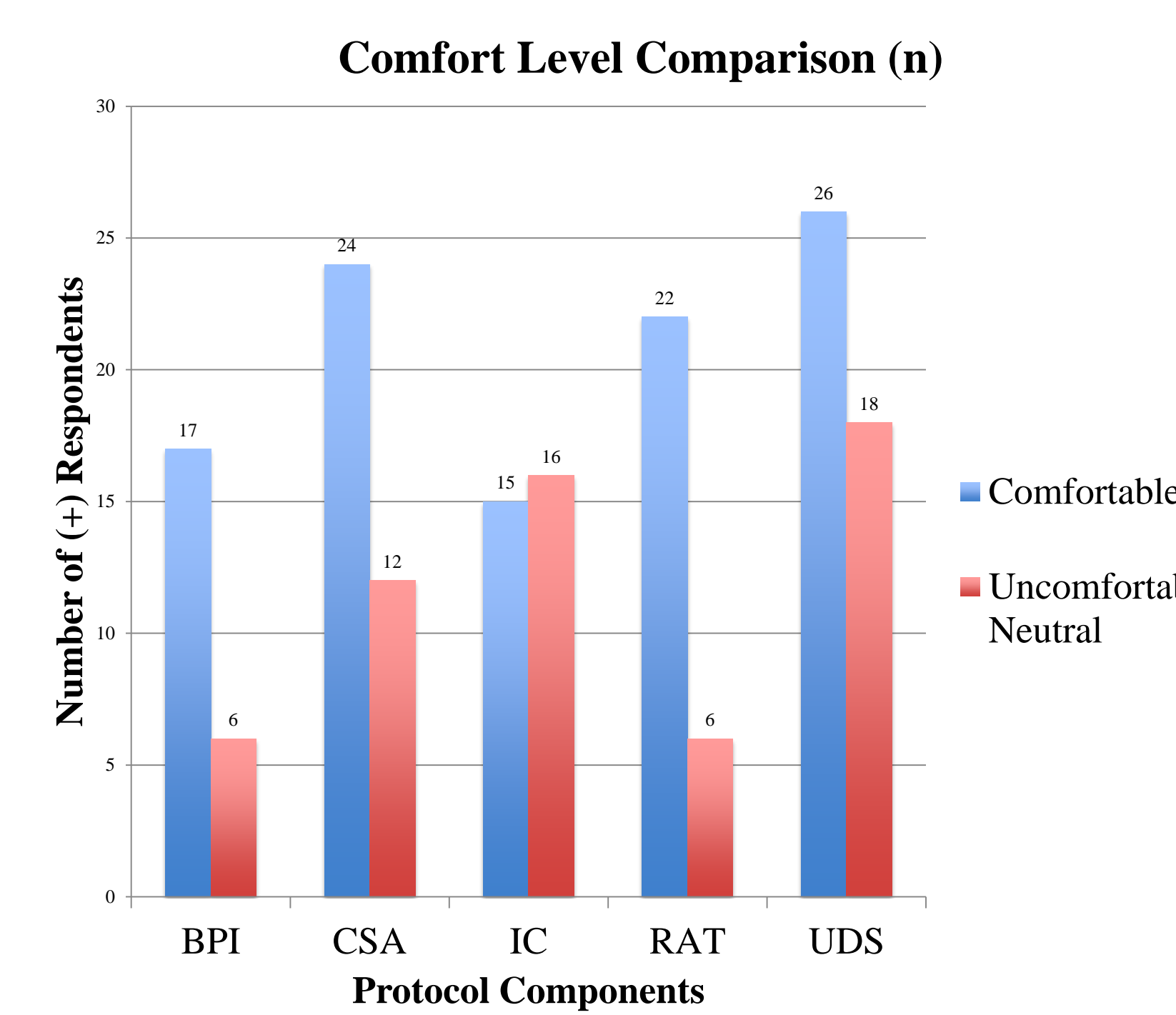
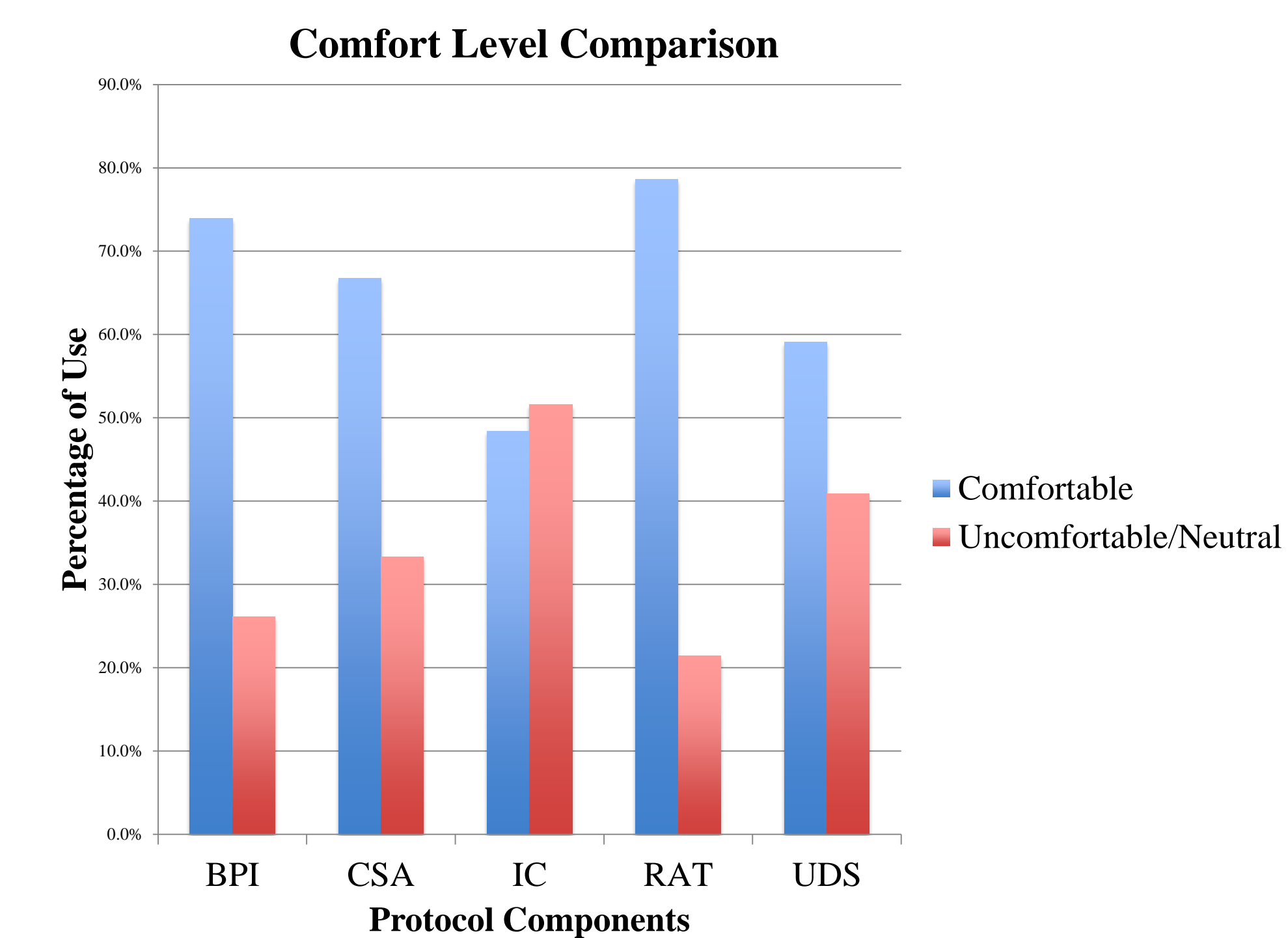
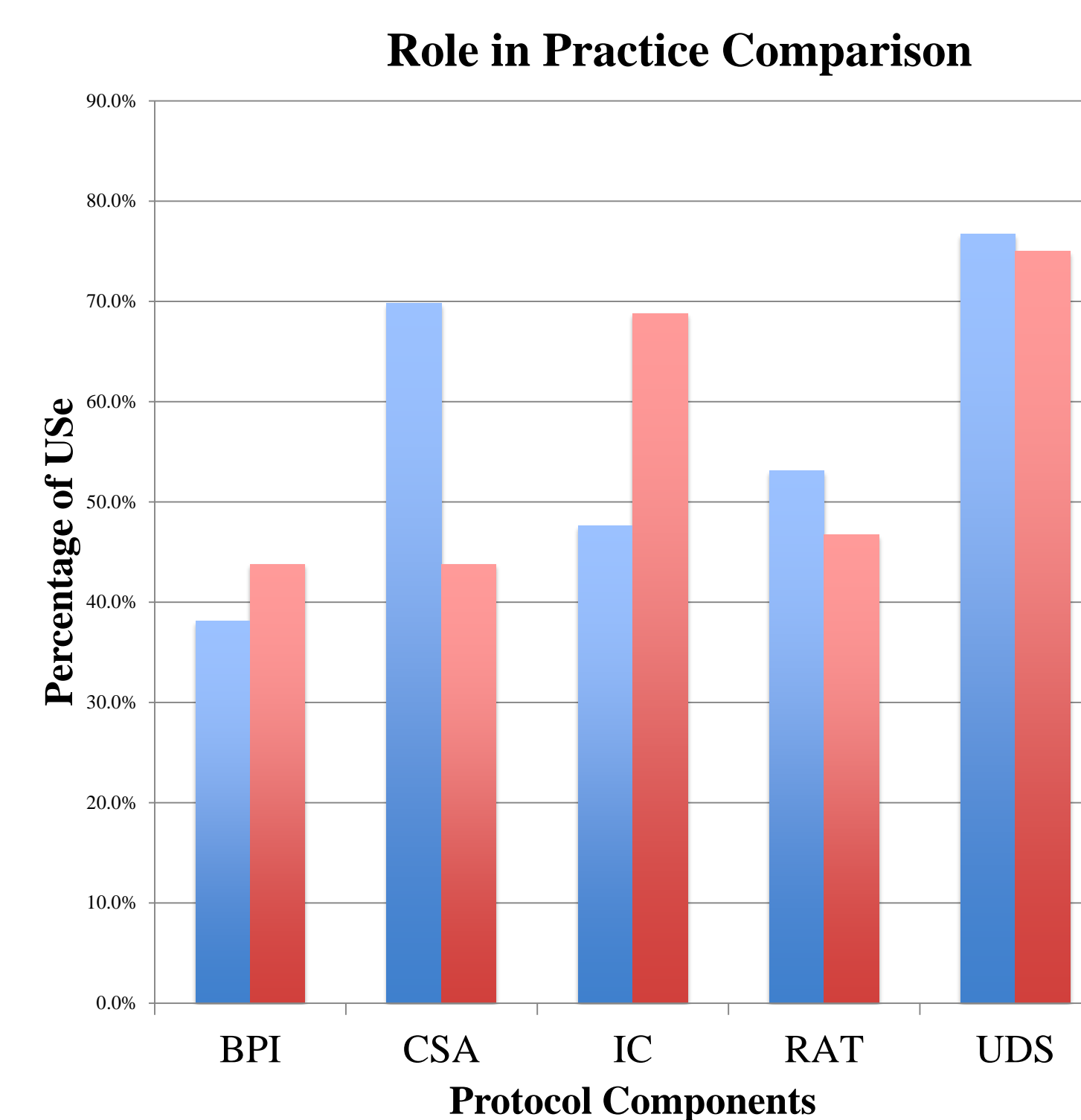
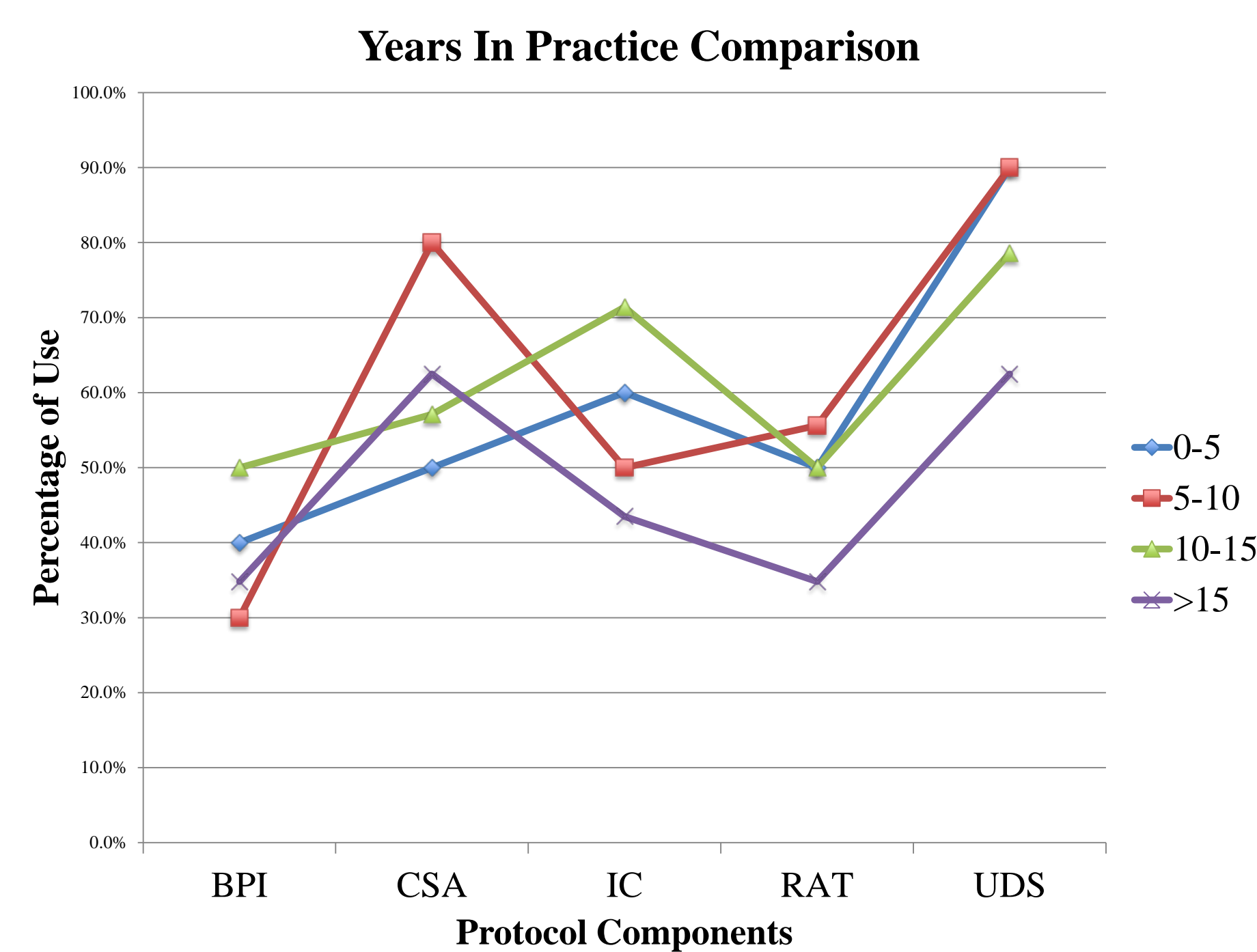
Location: LVHN Family Practice Clinic in Hamburg

- Pre-Intervention Provider Survey
 - Demographics
 - Current Opiate Prescription Practice
 - Utilization and Opinion of Protocol Components
- Exploratory Patient Experience Interviews
 - Opinion on efficacy of protocol components in managing their pain in a patient centered manner

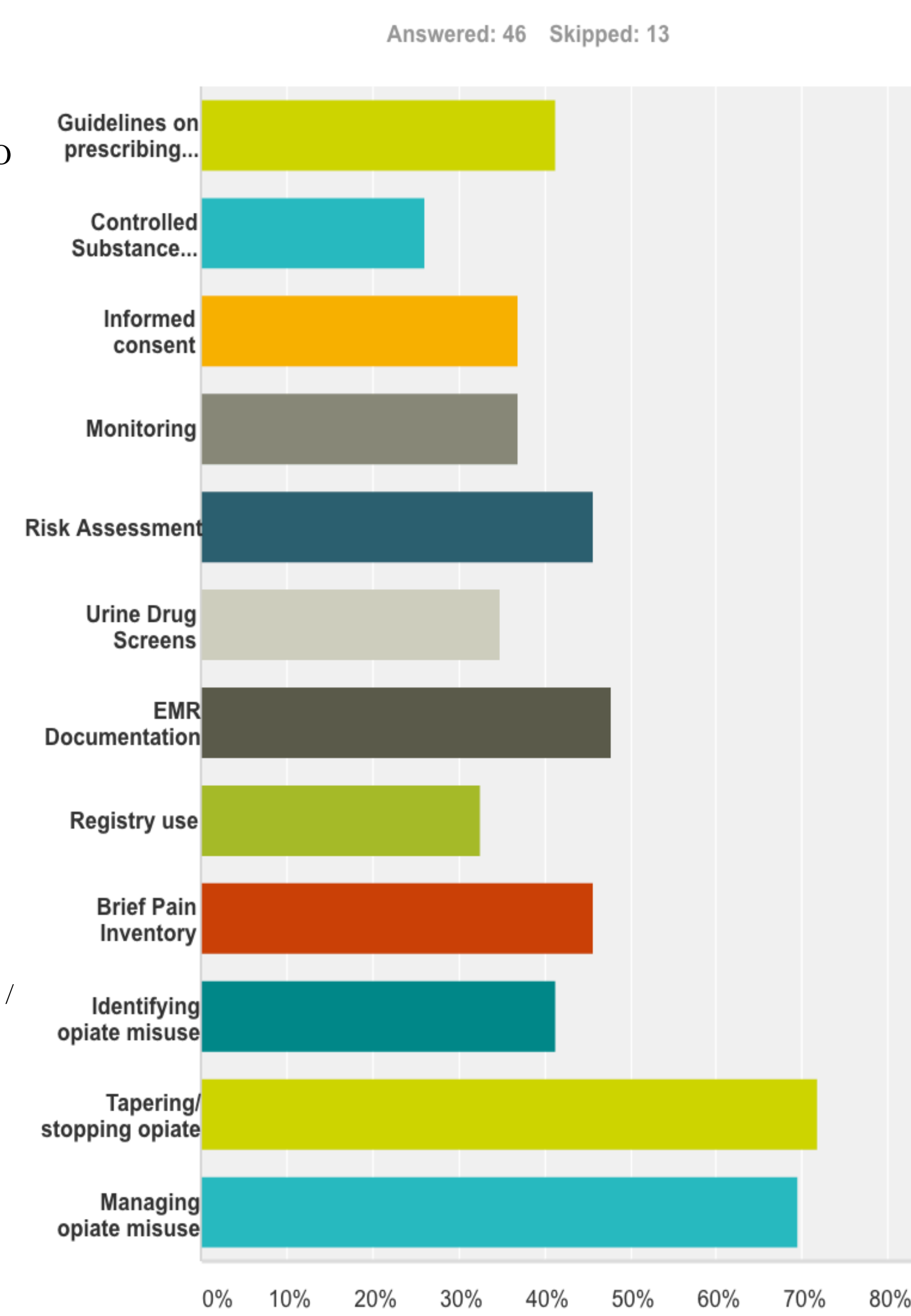
Patient Interview Results: 3 Participants

- 2/3 patients remember completing the BPI but did not comment on its efficacy
- Patients experienced limited relief with current opioid prescription
- Only one patient seemed to have a 'full' understanding of the CSA and IC
- One patient felt singled out and "discouraged" at the frequency of which a UDS was requested
- 2/3 patients remember completing the Risk Assessment Tool
- All patients expressed knowledge of the long term health risks of taking opiates
- Patients felt limited autonomy in pain management and "leave it to the doctor"
- Patients rated overall satisfaction with pain management from 6-9

Clinician Survey Results: 59 Respondents out of 262



As it relates to prescribing chronic opiate medication, I could use more education on: (check all that apply)



Conclusion

- Both primary care providers (PCPs) and patients find chronic pain challenging
- Primary Care is limited in time and resources amidst navigating the risks & benefits of prescribing opiates
- Variability in PCP utilization of available tools stem from:
 - Fear of misuse & legal implications
 - Fear of building a "heavy prescriber" reputation
 - Limited availability of non-opioid therapy options for patients
 - Undisclosed patient SocHx or Rx
 - Comorbidities affecting pain management
- Educational efforts needed to address differences in formal education and Protocol Utilization

Limitations

- Pilot Interview Guide
- Limited Convenient sample of patient volunteers
- Limited amount of Provider responses
- Lack of Internal Med and Family Med distinction

Future Direction

- Academic detailing
- Post-Intervention Provider Survey at Intervals
- Patient Self-Survey

Literature Cited:

- National Health Interview Survey (2012).
- Chiauzzi E, Trudeau K, Zacharoff K, Bond K. Identifying Primary Care Skills and Competencies in Opioid Risk Management. Journal Of Continuing Education In The Health Professions [serial online]. September 1, 2011;31(4):231-240.
- National Overdose Deaths. National Institute on Drug Abuse (2015).
- Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. (2014)
- Johnson, H. et al. Decline in drug overdose deaths after state policy changes - Florida, 2010-2012. *MMWR Morb. Mortal. Wkly. Rep.* 63, 569-574 (2014)

Acknowledgments

I would like to acknowledge the following for their support and guidance in this project:
 Dr. Kevin McNeill, MD
 Melanie Johnson, MPA
 Kyle Shaak, RHIA
 Gloria Robinson, LPC
 Dr. Jennifer Stephens, MD
 Dr. Zahra Raza, MD
 Staff at LVHN Hamburg Family Practice clinic