Chronic Pain Protocol Adherence and Utilization in Primary Care

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Chronic Pain Protocol Adherence and Utilization in Primary Care

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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

Clinic Survey Results: 59 Respondents out of 262

Literature Cited:

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 stems from concerns about 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.

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

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