

The Comprehensive Chronic Pain Management in Primary Care Practice Improvement Project

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INTRODUCTION

It is estimated that 11% of adults in the United States experience daily pain.¹ Millions of Americans are treated with prescription opioids for chronic pain and millions of Americans abuse or are dependent on these medications.¹ From 1999 to 2015, more than 180,000 people died from overdoses related to prescription opioids.¹ Primary Care providers are concerned about addiction and report insufficient training in prescribing opioids.¹

In this setting, there is a need for family physicians to provide guideline concordant and relationship centered care for people with chronic pain as well substance use disorder (SUD).¹

A family medicine practice staffed by seven attending and five resident physicians in southeastern Pennsylvania is where this work took place.

AIMS

Standardize, streamline, and simplify opioid prescribing practices within a primary care practice.

Utilize comprehensive resources available to integrate non pharmacologic, relationship centered, and individualized treatment plans for patients living with chronic, non-cancer related pain.

Develop and implement office work flow and protocol with intent to disseminate among other family medicine practices within Lehigh Valley Health Network (LVHN).

Develop and implement a substance use disorder screen and the drug abuse screening tool (DAST) as clinically indicated.⁴

PROJECT DESIGN



METHODS

- Multidisciplinary team consisting of attending physician, resident physician, behavioral health specialists, physical therapy, clinical staff, clerical staff, data analytics, practice management.
- Outcome measures were guided by LVHN's data metrics surrounding chronic opioid pain prescription data. Protocols were designed around the data metrics and changed with time.
- Resources utilized: CDC opioid prescribing guidelines, LVHN Pain Management toolkit, DAST, and SUD screen/Chronic Pain Group Visit curriculum.

PDSA CYCLES AND INTERVENTIONS

PDSA 1 Registry Work	P: identify opioid metric data within registry D: filter patient data into metric structure S: use data to build overall workflow	A: several versions of possible office work flows were created and streamlined into one
PDSA 2 Protocol Implementation	P: create pre visit planning work flow (clinician and staff) D: "live" the work flow; weekly inbox reminders	S: observe data metrics' change A: re-determine independent process, change documentation
PDSA 3 Chronic Pain Group Visits	P: curriculum development, scheduling visits, overall work flow • SUD screen, DAST D: implement initial flow	S: observe turnout, group feedback, restructure A: adopt & adapt new catchment and scheduling processes

METRIC DATA

BEFORE PROJECT'S BEGINNING NOVEMBER 2017

Prescriber	Total Script Count	Opiate Script Count	Opiate Script Percentage	Average MME	Combo Benzo	Combo Muscle Relaxer	Naloxone count	PDMP %	Informed Consent %	Controlled Substance Agreement %	PM Problem List %
1	352	5	1.4	24	1	0	0	20.00	0.0	40	20.00
2	20	1	5.0	null	0	0	0	0.00	0.0	0	0.00
3	711	8	1.1	19.86	0	0	0	62.50	37.5	63	50.00
4	410	16	3.9	30.77	3	1	0	62.50	50.0	63	25.00
5	390	33	8.5	60.00	3	1	2	87.88	87.9	91	81.82
6	232	6	2.6	23.33	1	0	0	66.67	66.67	50	50.00
7	982	55	5.6	31.43	2	2	0	72.73	72.73	87	81.82

AFTER PROJECT'S END OCTOBER 2018

Clinician	Total Script Count	Opiate Script Count	Opiate Script Percentage	Average MME	Combo Benzo	Combo Muscle Relaxer	Naloxone count	PDMP %	Informed Consent %	Controlled Substance Agreement %	PM Problem List %
1	443	6	1.4	23.00	1	0	0	33.33	16.7	50.0	33.33
2	123	0	0.0	null	null	null	0	null	null	null	null
3	979	9	0.9	20.00	0	0	0	88.89	44.4	78.0	66.67
4	671	20	3.0	23.13	1	1	0	65.00	20.0	35.0	10.00
5	437	19	4.3	41.05	2	0	0	78.95	68.4	68.0	57.89
6	265	5	1.9	14.00	1	0	0	60.00	20.0	20.0	40.00
7	1198	57	4.8	41.69	2	5	0	68.42	68.4	72.0	70.18

REFERENCES

¹ CDC Guideline for Prescribing Opioids for Chronic Pain-United States, 2016. Recommendations and Reports/March 18, 2016/65(1);1-49.
² Rational Use of Opioids for Management of Chronic Nonterminal Pain, Daniel Berland, MD and Phillip Rogers, MD, University of Michigan Medical School, Ann Arbor, Michigan, Am Fam Physician 2012 Aug 1;86(3):252-258.
³ Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, Office of the Surgeon General, 2016

⁴ The drug abuse screening test. Skinner, Harvey A. Addict Behavior. 1982; 7(4): 363-7
⁵ Beauchamp, G., MD, & McNeill, K., MD. (2018, March 01). Controlled Substances Guide & Pain Management Toolkit[LVHN Reference and Toolkit]. Lehigh Valley Health Network, Allentown, PA.
⁶ Denton, S., LCSW, & Robinson, G., LPC. (2017, November 19). LVPG Family Medicine Hamburg Pain Management Workshop[Curriculum]. Lehigh Valley Health Network, Hamburg, PA.
⁷ Denton, S., LCSW. (2017, December 11). Hamburg Screening Process for Patients who are prescribed opioids[Survey]. Lehigh Valley Health Network, Hamburg, PA.

CONCLUSIONS

- Overall, the project's outcome measures did not create significant change within the practice's opioid metrics. Protocol compliance among clinicians is variable. Group visit attendance is variable.
 - Challenges: breadth of clinician prescribing practices, clinician turnover with redistribution of patients, centralization of project's vastness.
- Lessons learned: new process implementation commands time, flexibility, patience, and consistency. The study period was likely not long enough to conclude or refute success. In addition, it is recognized that this project was a shift in culture and not only a work flow change.
- Next steps: continued development and implementation of "comprehensive" strategies, disseminate work flow within LVHN practices, integration of MAT for SUD within this project's scope.

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