Opioid Risk Stratification in the Outpatient Palliative Care Clinic

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**Background**

- One-half of surveyed palliative medicine fellowship program directors indicated substance abuse and diversion was an issue for their clinics.\textsuperscript{1}
- Approximately a quarter of patients in two comprehensive academic cancer centers are at high risk for opioid abuse.\textsuperscript{2,3}
- Few palliative care clinics and hospices routinely screen patients or family members for substance abuse.\textsuperscript{1,4}
- Without guidelines, the decision to screen is left to clinicians, whose estimates of the likelihood of aberrant drug-related behavior are often inaccurate.\textsuperscript{5}

**Objectives**

- To create a high-reliability process to assess risk of opioid abuse among cancer patients seen in the palliative care clinic at Dana Farber Cancer Institute.
- To increase the completion rate of the Opioid Risk Tool (ORT) from 0% to 70% for eligible new consults.

**Methods**

- Primary outcome measure - % ORT completed among eligible consults
- Eligible consults - new consults seen in the outpatient palliative care clinic who were prescribed opioids by their oncologist or palliative care provider.
- Retrospective chart review to determine if the ORT was completed.
- Statistical process control (SPC) chart to track percentage of completed ORT over time and to differentiate between special cause and common cause variation with 2\(\sigma\) as our upper and lower control limits.

**Conclusion**

- We did not reach our primary aim.
- Implementing a high reliability process for evaluating risk of opioid abuse in an outpatient palliative care clinic is a complex endeavor that requires a multi-disciplinary approach and cohesive teamwork.
- Next steps:
  1. Continue to engage clinic staff and MD/NPs
  2. Troubleshoot during daily AM huddles & monthly multi-disciplinary high risk opioid huddles

**References**


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