

Innovations in Opioid Prescribing in a Palliative/Supportive Care Ambulatory Clinic

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Introduction

Outpatient palliative care programs are increasingly focusing on the care of patients with serious illness earlier in their disease. This has led providers to focus not only on immediate management of patient distress but also considering how symptom management will affect patients long-term. Example of this is the use of opioids for pain management. As our understanding of the risks and harms of long-term high dose opioid therapy for chronic pain evolves; juxtaposed on background of the opioid crisis, it is important for ambulatory palliative care programs to develop safe practices that ensure that patients have adequate symptom management and reduced potential harms.

Methods

Our goal was to optimize safe opioid prescribing without compromising patient care. The clinic introduced the following mandatory interventions:

1. Mandatory prescription drug monitor checks every 30-60 days prior to each opioid refill triggered by the EMR
2. Instituting electronic prescribing of controlled substances
3. Documentation confirming naloxone prescriptions for patients on > 50 MMEq of opioids daily/ on opioids with benzodiazepines
4. Dedicated provider covering refills daily focusing on reviewing medical record prior to refills

Methods

5. Requiring patient follow up prior to opioid prescription refill every 60 days barring few exceptions
 6. All patients undergoing screening using opioid risk assessment tool
 7. Consistently using gas chromatography-mass spectrometry urine toxicology screen
- Confirmation of controlled substance agreements for patients on controlled substances

Data was collected by Emory opioid stewardship counsel which measured MME per clinical practice month and per day were based only on prescriptions written.

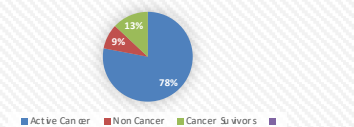
Results

Prior to standardizing practice in 6/2018 the clinic prescribed 1484 MME per patient. The sum total of MME was 841,505 for entire clinical panel. After 1 year of instituting above practices in 5/2019 the clinic prescribed 681 MME per patient. The sum total of MME decreased to 443,141 MME.

During this period Press Ganey patient satisfaction scores increased from 86 % to 98%. Referrals have continued to steadily increase.

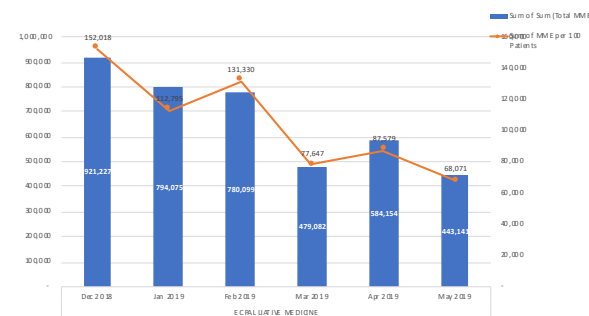
Supported: Emory Palliative Care Center

Supportive Care Ambulatory Population



Results

Opioid Monitoring – Palliative Medicine



Summary and Conclusions

Results suggest that instituting safe opioid prescribing practices in an outpatient palliative care clinic has the potential to decrease the amount of opioid prescribed per patient. These practices that resulted in opioid prescribing reductions did not negatively affect patient referrals and satisfaction. Further study is needed to determine what if any were the effects of medical cannabis on these outcomes.