

# Guidelines for the care of chronic opioid users with the help of a clinical decision support (CDS) tool

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## Background

- ❑ Opioids are currently the main cause of drug overdose deaths leading to more than 67.8% in 2017 (Center for Disease Control [CDC], 2018)
- ❑ 1 in 5 adults received an opioid prescription in the last year and nearly 33% received an opioid prescription in the last two years (NORC at the University of Chicago, 2018)
- ❑ 19.1 million opioid prescriptions were written each month from 2012 to 2017 (Bohnert, Guy Jr., & Losby, 2018)
- ❑ Loyola does not currently have an opioid guideline for care of chronic opioid patients in the ambulatory setting

## Project Plan

- ❑ Quality Improvement Project
- ❑ Participants: Loyola Family Medicine Department providers (3 clinics: Maywood, Elmwood Park, Gottlieb)
- ❑ Project: Established new opioid policy and created an EHR smart set consistent with newly created opioid policy during chronic pain office visits
- ❑ Education: Family Medicine providers educated via monthly department meeting and video distributed for providers not present during meeting
- ❑ Participants: Family medicine providers
- ❑ Sampling technique: Specific data collected from Electronic Health Record from chronic non-cancer patients over 6 months
- ❑ Source of data: Electronic Health Records and chart audits; Longitudinal data from a cohort group
- ❑ Budget: Minimal; Printed material for ORT/COMM tools; Laminated copies of new Opioid Policy
- ❑ Timeline: 6 months
- ❑ Ethics and human subjects' protection: IRB exempt; EHR data without patient identifiers; Chart audits to only be done by DNP provider

## Practice Implications

- ❑ Decrease opioid prescribing in a suburban family medicine department
- ❑ Better patient outcomes
- ❑ Improved knowledge among Advance Practice Nurses (APN) and their physician colleagues
- ❑ Improved screening for opioid misuse with Opioid Risk Tool (ORT) and Current Opioid Misuse Measure (COMM)

## Objective/PICO

- ❑ Does the implementation of an opioid guideline, which includes a clinical decision support (CDS) tool in the electronic health record (EHR) for providers in a primary care urban clinic lead to decreased opioid prescribing and increased use of a CDS tool and opioid protocol elements?
- ❑ Improved documentation including opioid protocol elements



## Results

- ❑ Pre-implementation opioid prescribing rate was 3.25% and decreased to 2.4% during post implementation (Figure 1)
- ❑ Pre-implementation opioids over 90 MME was 0.10% rate and decreased to 0.08% during post implementation (Figure 2)

- ❑ Finally, pre-implementation opioid and benzodiazepines prescribed concurrently occurred at a 0.23% rate and decreased to 0.20% rate during post implementation (Figure 3)

Figure 1

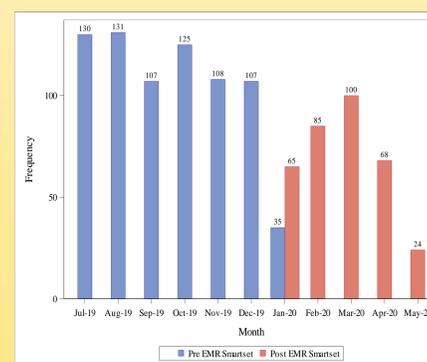


Figure 3

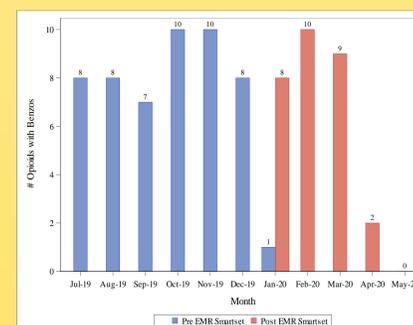
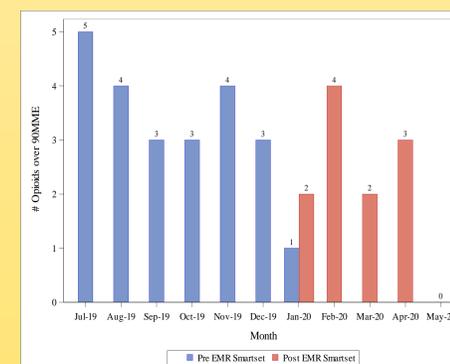


Figure 2



## Conclusion

- ❑ The newly created opioid policy and EHR smart set appears to have a positive influence and reduction on overall opioid prescribed, opioids over 90 MME and opioids prescribed concurrently with benzodiazepines
- ❑ Most likely there would have been a greater correlation if in person office visits continued
- ❑ The data provided is some of the first results observed when it comes to opioid prescribing and EHR smart sets with the combination of interventions included. Therefore, it is difficult to compare with other studies.