Opioid safety initiative: clinical pharmacy intervention

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Background

National concern has been raised within the Department of Veterans Affairs (VA) over the rise in opioid overdose-related deaths. Veterans have double the risk of accidental overdose compared to non-veterans, mostly due to high incidence of PTSD, major depressive disorder, alcohol abuse, and suicide.[1,2] The high incidence of chronic pain, reported in up to 50% of male Veterans (2003) and up to 78% of female Veterans (2006), is also a significant contributor to this risk.[3] As such, the VA has launched the Opioid Safety Initiative (OSI), which involves efforts to promote safe opioid prescribing and monitoring within the VA.

Objectives

This quality improvement project aimed at assisting Tuscaloosa VA Medical Center (TVAMC) meet two core measures of the OSI initiative, which were to be no more than 0.5 standard deviations above the national averages in the percentage of patients on ≥100 to <200 mg morphine equivalent daily dose (MEDD) or ≥200 to <300 mg MEDD of chronic opioid therapy.

Methods

- A report of the percentage of patients on ≥100 to <200 mg MEDD and ≥200 to <300 mg MEDD for the first quarter of fiscal year 2016 (Oct-Dec 2015) was obtained from the OSI dashboard for use as baseline data (Table 1).
- A list of patients with a positive UDS for amphetamines, marijuana, and cocaine while on chronic opioid therapy was generated on a monthly basis for the second quarter of fiscal year 2016 (Jan-March 2016).
- Retrospective chart reviews were conducted, and the findings organized into spreadsheets for analysis of providers' responses (documentation and planned actions) to these results.
- Similar steps were taken to organize and analyze patients on chronic opioid therapy with a negative UDS for opioids.
- Findings from these chart reviews and recommendations for actions to address these UDS results were presented as educational interventions during the second quarter of fiscal year 2016 to the pharmacy and therapeutics committee, pain committee, and primary care medical staff.
- Following the interventions, data from the OSI dashboard for the second quarter of fiscal year 2016 (Table 2) was compared to baseline to determine whether OSI core measure goals have been met.

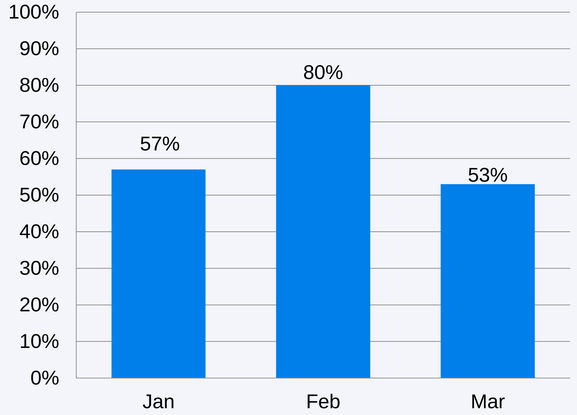
Table 1 (Qtr 1 FY16)	≥100 to <200 mg MEDD	≥200 to <300 mg MEDD
National	4.10%	1.05%
TVAMC	**6.46%**	**3.14%**

Results

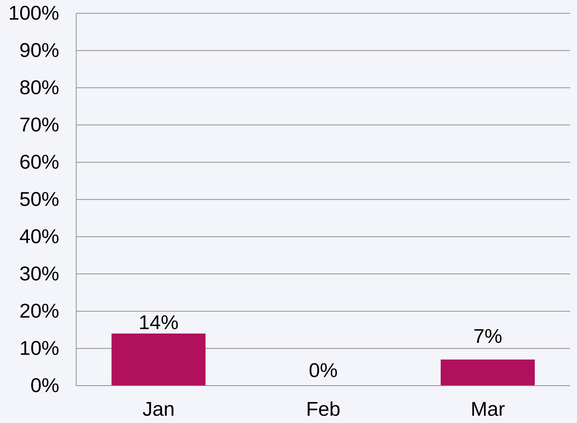
Table 2 (Qtr 2 FY16)	≥100 to <200 mg MEDD	≥200 to <300 mg MEDD
National	4.10%	1.05%
TVAMC	**6.55%** (↑0.09%)	**2.81%** (↓1.33%)

- Percentage of patients on ≥100 to <200 mg MEDD: Remained above goal
- Percentage of patients on ≥200 to <300 mg MEDD: Remained above goal

Positive UDS Documentation/ Planned Action (Qtr 2 FY16)



Negative UDS Documentation/ Planned Action (Qtr 2 FY16)



Conclusion

Positive UDS Reports Despite ongoing educational interventions, an overall upward trend was not observed. As such, data suggests that educational interventions did not have a lasting impact on providers' documentation and plans for action.

Negative UDS Reports Despite ongoing educational interventions no overall upward trend was seen. Data from these results suggest that the majority of negative UDS results are not documented or addressed by providers and no lasting impression was made by the educational interventions of the project.

Core Measures The educational interventions throughout this quality improvement project may have contributed to a slight decrease in the patients on ≥200 to <300 mg MEDD, but did not accomplish the primary objective of meeting the goals for the two core measures of the OSI.

References

1. Seal KH et al. Association of Mental Health Disorders with Prescription Opioids and High-Risk Opioid Use in US Veterans of Iraq and Afghanistan. JAMA 2012; 307:940-7.
2. Bohnert AS, Ilgen MA, Galea S, McCarthy JF, Blow FC. Accedental poisoning mortality among patients in the Department of Veterans Affairs Health System. Med Care 2011;49: 393–396.
3. Becker WC, Fiellin DA, Gallagher RM, et al. The association between chronic pain and prescription drug abuse in Veterans. Pain Med 2009; 10:531.

Disclaimers

This quality improvement project was exempt from IRB approval, as it was deemed to be non-research.

The authors listed above have nothing to disclose.