
It Takes a Village to Successfully Prescribe Pain Medications

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Aim of project

Make narcotic prescribing at UNM safe, secure and effective by

- Creating standardized approaches to patients with chronic cancer pain
- Increasing prescriber comfort with treatment guidelines for patients with chronic non-cancer pain
- Decreasing misuse and abuse of narcotics and opioids associated with UNM prescriptions
- Increasing patient understanding of responsible narcotic and opioid use

Background of project

Outpatient providers are often asked to prescribe narcotics for the treatment of chronic, non-cancer related pain. This practice is the source of significant discomfort due to the substantial morbidity and mortality associated with narcotic use. The University of New Mexico's outpatient primary care clinics are responsible for managing hundreds of patients receiving long-term narcotics. Organizing the information needed for safe prescribing practices for providers has been a challenge across the country.

Planned interventions tested

The intervention is the institution of a narcotics prescribing folder that is individualized to each patient, and used by both primary care providers and covering providers as a reliable source of the information needed to safely prescribe narcotics.

Each folder contains

- A log of prescriptions that have been picked up by the patient

- Copies of recent Prescription Monitoring Program (PMP) Reports
- Urine drug screen results and history of abnormal results
- Calculated morphine equivalents
- Concurrent use of benzodiazepines (increased mortality in patients receiving narcotics)
- History of aberrant behavior including missed appointments, requests for early refills and lost/ stolen prescriptions.

Future additions to the Folder

- Pain assessment forms (until these forms are available in Powerchart)
- A decision tree to guide clinicians when and how to discontinue narcotics
- Treatment algorithms for common pain diagnoses (fibromyalgia, Osteoarthritis, Spinal Stenosis).

Another area that was identified as needing improvement is the current Urine Drug Screen, which have been adopted from the emergency department rapid drug screen. This assay is designed to quickly identify classes of substances that may be impairing a patient. It is not helpful in obtaining the information needed in an outpatient setting, such as distinguishing between heroin and oxycodone.

Prediction of Results &/or Intended Results

Improving access to needed information when prescribing narcotics will result in safer prescribing practices, less anxiety among providers, and improved compliance with state guidelines.

Baseline Data:

Providers in the system were surveyed regarding their comfort and use of the current system.

- Only 50% of prescribers felt they had the information needed to safely prescribe medications to their own patients.
- 40% felt they had the information needed to prescribe when covering other physician's patients.
- 75% of practitioners indicated an easily accessible pain assessment form in Powerchart would be useful when prescribing narcotics to patients with chronic pain.

Results

Folders were introduced at Southwest Mesa Clinic to all resident and faculty providers. As this clinic alone is responsible for nearly 300 patients receiving narcotics creating folder for each patient, and educating providers and staff regarding the use of the folder is an ongoing project.

Each day, an RN is scheduled to assist in management of the narcotic files. When a patient arrives to pick up a narcotics prescription, the RN retrieves the folder from a locked filing cabinet and has the patient sign for the Rx. If the prescriber has requested a urine drug screen the patient will be sent to the lab before receiving the prescription. Each week, the providers are provided the folders of all the patients that had picked prescriptions the previous week. The providers can then review information, make needed changes and write a refill if appropriate.

Tricare reference laboratories has developed a Urine Drug Metabolic Screen for New Patients that will screen specifically for a wide list of dangerous illicit substances. A smaller screen that separates the various opioid metabolites will also be available.

Summary of Results

Providers will be re-surveyed regarding their comfort level when prescribing narcotics after roll out of folders, pain assessment forms and introduction of more specific urine drug screens.

The number of patients concurrently prescribed benzodiazepines and opioids.

Pain intake forms and Pain Reassessment forms have been developed and will be included in Powerchart as a Powerform. This approach will allow pain data to be searchable and measurable over time.

New urine drug screens will be introduced in the summer of 2014.

Discussion

Covering providers don't always have the tools they need to responsibly prescribe narcotics. As a result, patients may be inappropriately continued on dangerous medications or patients that have responsibly used these medications may have an interruption in their care. To address this challenge, a reliable, flexible data management system must be developed. Providers require specific, timely and reliable data to safely prescribe controlled substances. Without such a system, providers are less likely to comply with guidelines, will experience increased anxiety and discomfort with chronic pain patients and ultimately patient care is compromised.

Conclusions

Organizing the information needed for safe prescribing practices for covering providers, or for providers new to the system that are inheriting chronic pain patients has been a challenge across the country. UNM Southwest Mesa has met the challenge in a unique manner.