

Improving Patient Safety Through Policy Awareness

Opioid Pain Management Risk Reduction at a Federally Qualified Health Center

¹Joshua Wendt, MD; ²Alexander Sin, MD, MS; ¹Lauren Simon, MD, MPH

¹Loma Linda University, Department of Family Medicine
²Loma Linda University, Department of Pediatrics

Introduction

The US Department of Health and Human Services has declared the opioid crisis a public health emergency [1]. Regulations for scheduled medications have been legislated at both federal and state levels. Primary care resident physicians in specialties such as Family Medicine and Pediatrics routinely prescribe opioid medications for pain management. The US opioid epidemic necessitates evaluating physician knowledge on opioid medications [2].

Hypotheses

- 1.) Informing Family Medicine and Pediatric Resident Physicians about state and federal legislation will increase their knowledge of regulations designed to improve safety and reduce risk for patients on non-cancer opioid therapy.
- 2.) Targeted education to resident physicians will increase their knowledge of Medication-Assisted Treatment (MAT) for patients with Opioid Use Disorder

Methods

Literature Review

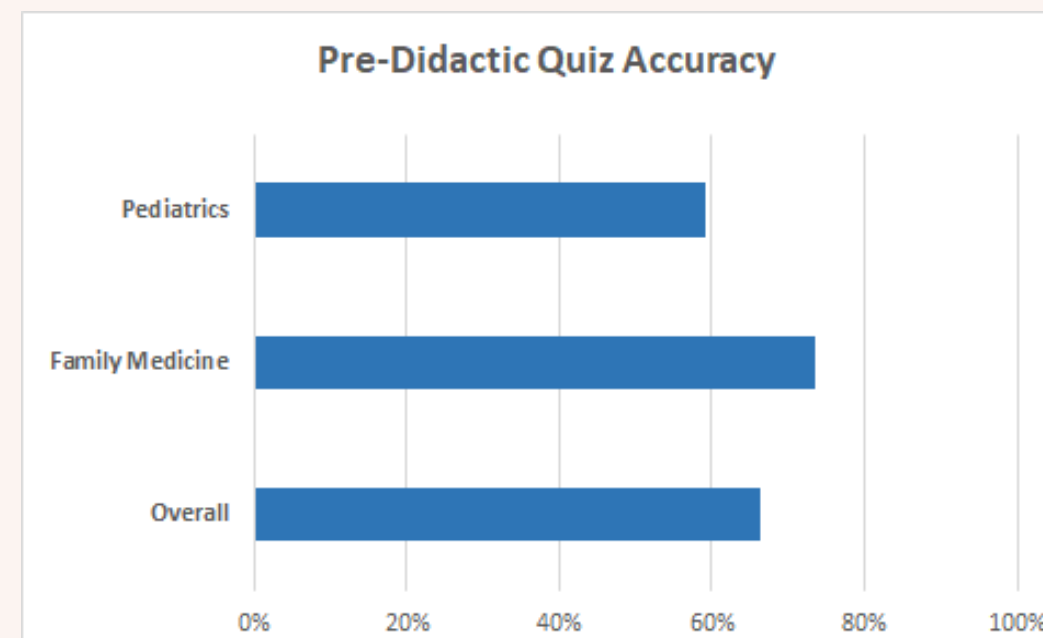
Medical literature review for "opioid use disorder," "opioid risk reduction strategies," and "patient safety and clinician education for prescribing 'scheduled' medications" was performed. A legislative database search of California State and Federal legislation regarding scheduled medications for pain management was also performed.

Assessing Baseline Knowledge

35 Family Medicine and 35 Pediatric resident physicians were assessed with a blinded 10-question 30-variable pre-didactic survey, administered via Qualtrics computer software, on laws and regulations regarding opioid pain management, Medication Assisted Treatment, and FDA warnings regarding opioid use in pediatric patients.

The set of 10 questions was multiple choice based with 30 total variables. There was one question (10.4) on concussion legislation that was not covered in the didactics and used as a control.

Survey results analyzed using Microsoft Excel showed that all residents (n=70) overall scored an average accuracy of **66.5%**, with Family Medicine residents (n=35) scoring an average of **73.6%**, and Pediatric residents (n=35) scoring an average of **59.1%**.



Didactic Session

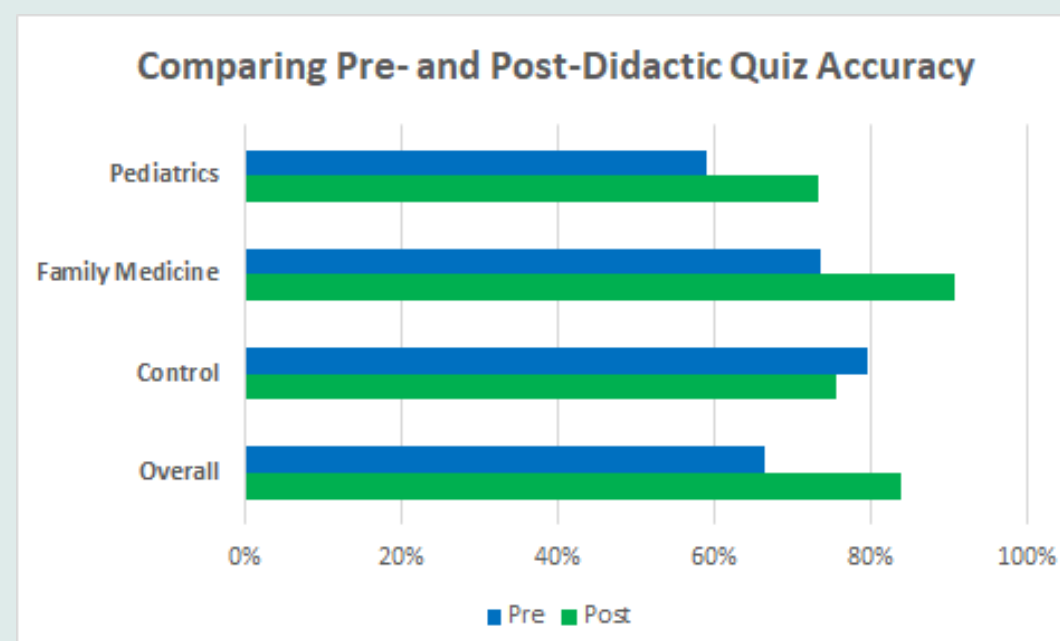
A case-based didactic PowerPoint presentation was used for education regarding opioid pain management, opioid use disorder, MAT, and applicable legislation that obligates clinician compliance.

Family Medicine residents received a 90-minute didactic session, including 3 case studies, and a question and answer session over Zoom teleconference on 4/24/2020.

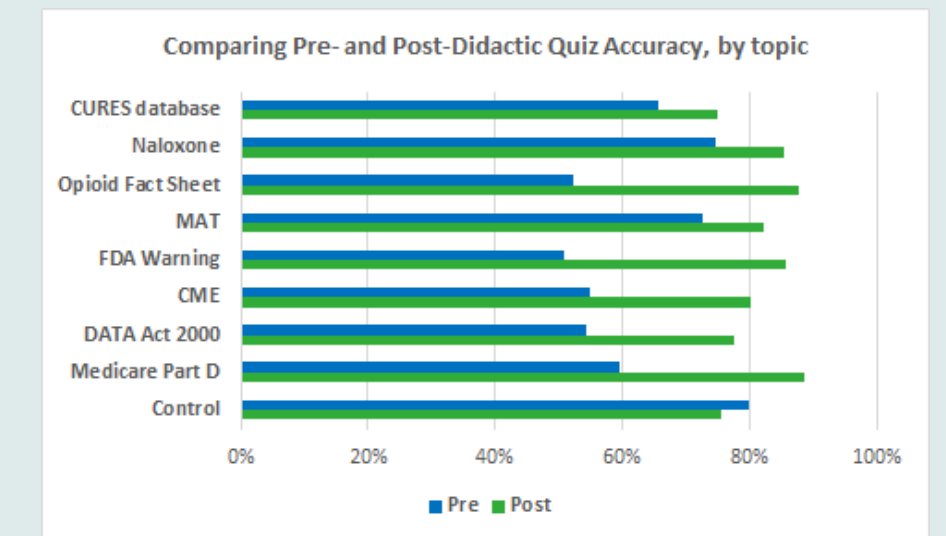
Due to time constraints, Pediatric residents received a 45-minute didactic session simplified from the Family Medicine didactic presentation, including 3 case studies and a question and answer session over Zoom teleconference on 5/27/2020.

Results

Residents were assessed using the same pre-didactic 10-question survey. Residents overall scored an average accuracy of 84.0% (+17.5%), with Family Medicine residents (n=30) scoring an average of 90.1% (+17.3%), and Pediatric residents (n=19) scoring an average of 73.2% (+14.1%).



Post-didactic changes were analyzed by topics using Microsoft Excel. There was an average overall improvement of +22.2%, including Controlled Substance Utilization Review and Evaluation System (CURES) database laws (+9.1%), Naloxone prescription and counseling (+10.6%), Opioid Fact Sheet for athletes (+35.6%), MAT (+9.4%), FDA warning on codeine (+35.0%), CME-related legislation (+25.4%), DATA Act of 2000 (+23.2%), and Medicare Part D regulations (+29.0%).



Discussion

There is a current knowledge gap for primary care resident physicians on the topics of opioid pain management, opioid use disorder, MAT, and applicable legislation that obligates clinician compliance.

Didactic sessions increased clinician knowledge of how to comply with federal and state laws, provide naloxone education, and safely provide prescriptions for patients on opioid therapy.

The COVID-19 pandemic removed opportunity for in-person didactic format and reduced the number of Pediatric Resident physicians available to attend the elective didactic session.

In addition to didactics, other ways to obtain information on current legislations include local health care systems (LLU IHPL), licensing boards (MBC, OMBC), and national professional organizations (AAFP, AAP, ASAM, AAAP).

Conclusion

Didactic education regarding pain management, opioid use disorder, MAT, and applicable legislation that obligates clinician compliance improved competency of primary care resident physicians to implement patient safety measures for patients on non-cancer related opioid therapy.

Educational Materials

10-question survey with answer key:
<https://bit.ly/3jDQAZH>



90-minute presentation for Family Medicine:
<https://bit.ly/2MHLkrL>



45-minute presentation for Pediatrics:
<https://bit.ly/3rwEaFz>



Policy at a Glance, Jan 2021 (LLU IHPL):
<https://bit.ly/39ZlsPY>



References

1. Department of Health & Human Services "DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS," 26-Oct-2017. [Online]. Available: <https://www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf>. [Accessed: 01-Apr-2020]
2. Evans C, McCullough D, Best K, Yorkgitis BK. Effect of Opioid Prescribing Education for Obstetrics and Gynecology Residents in a Safety-Net Hospital. J Am Osteopath Assoc. 2020 Jul 1;120(7):456-461. doi: 10.7556/jaoa.2020.073. PMID: 32598459.