

*HealthInsight*

a partnership for the future of health care

**Reducing Pain Medication Deaths in Utah:  
Physician Education and Practice Redesign**

Final Report by:  
*HealthInsight*

June 2009



# Coordinating the Educational Outreach

*HealthInsight* was responsible for:

- Introducing guidelines and recommendations
- Academic detailing
- Developing care processes



# Intervention Methods

Meetings with primary care providers:

- Rural communities: 12
- Urban communities: 20

Supplemental activities:

- Larger physician audiences: 9 + 5 scheduled through October 2009
- Articles: 6 articles published, 1 pending
- Other physician education programs





# Recruitment

Recruitment Strategy:

- Effectiveness and cost efficiency
- Existing relationships





# Performance Improvement CME Program

- **Stage A:** Access and use the DOPL Controlled Substances Database
- **Stage B:** Attend a community presentation
- **Stage C:** Assess prescribing habits and adopt the guidelines and recommendations





# Providers Reached

As of June 15, 2009:

- 581 medical providers and 136 other participants attended the learning sessions
- 301 medical providers are eligible to participate in the performance improvement program
- 37% of the eligible participants completed the 1 month survey, and 25% completed the 6 month survey





## DOPL CSDB

- At the end of the presentation, 1/3 of the people surveyed said they had used the Controlled Substances Database, and by the 3<sup>rd</sup> survey 2/3 said they had used it.





# Program Objectives

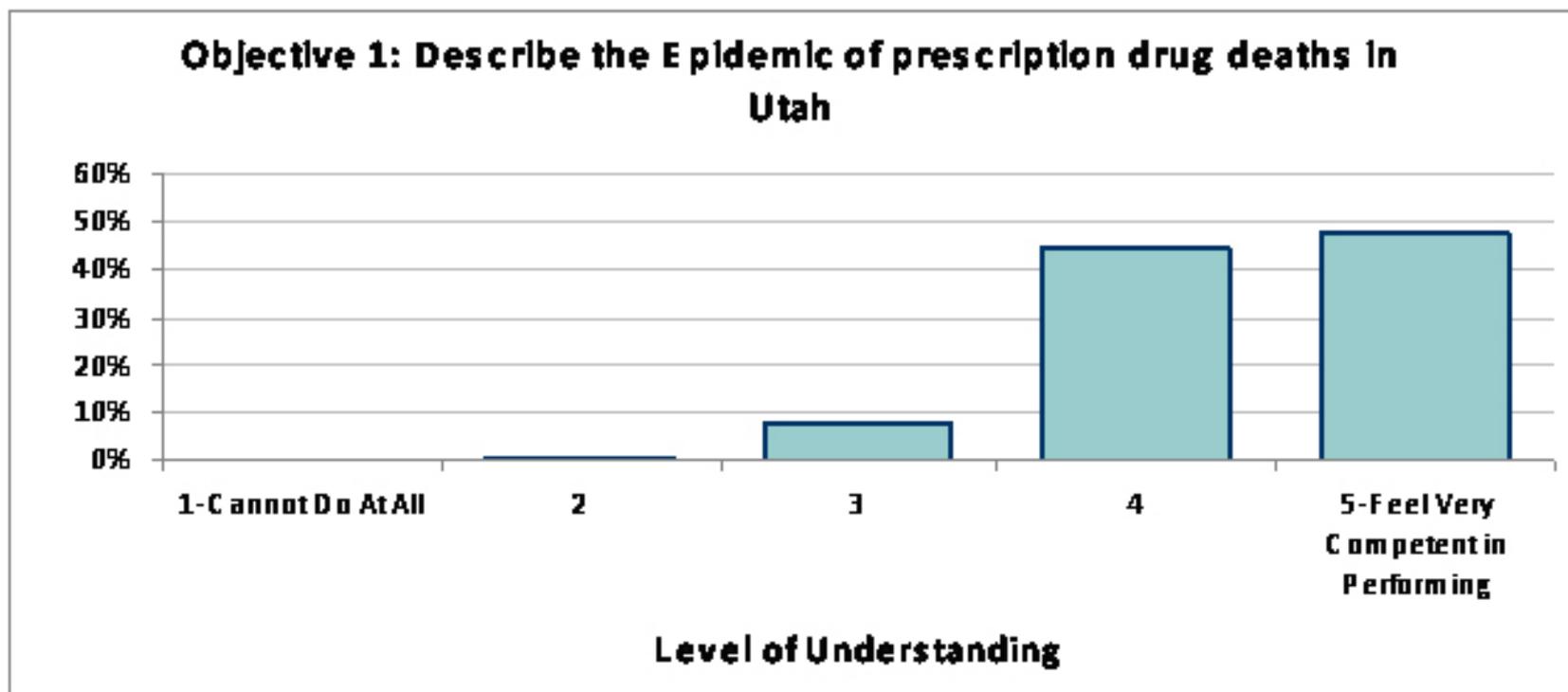
1. Describe the Epidemic of prescription drug deaths in Utah,
2. Implement six practices to prevent prescription deaths while still treating chronic pain,
3. Describe the controlled substance guidelines,
4. Identify tools and resources for integrating the guidelines into your practice, and
5. Assess improvements in your prescribing patterns.





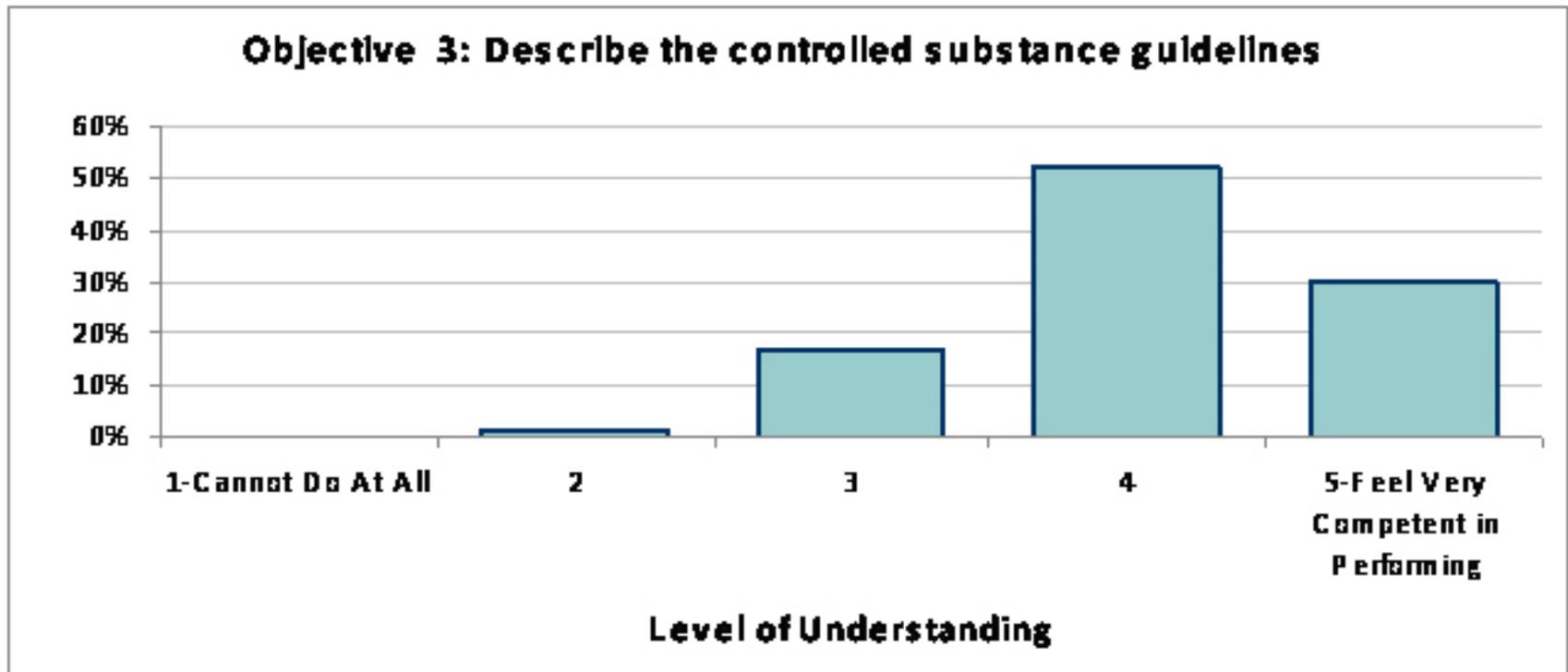
# Program Objectives

**Describe the Epidemic of prescription drug deaths in Utah**



# Program Objectives

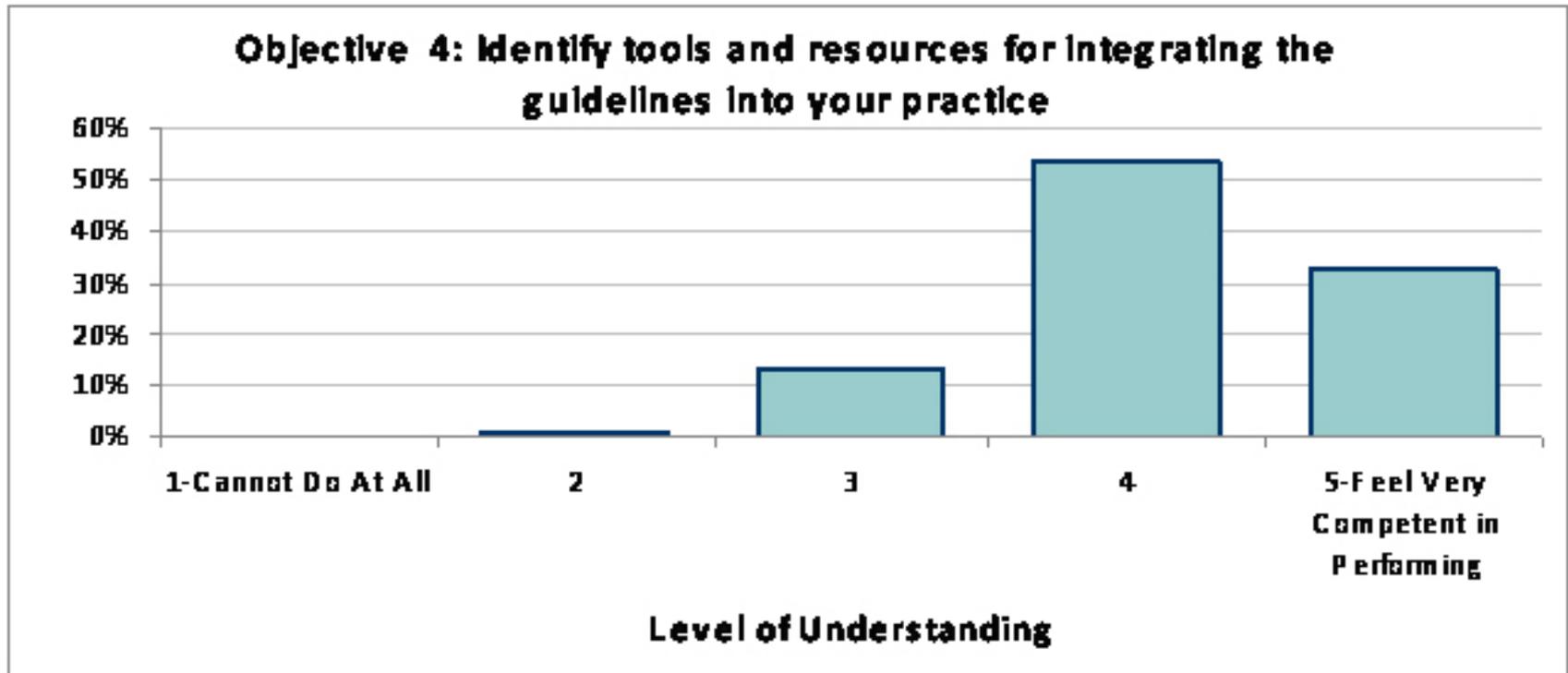
Describe the controlled substance guidelines





# Program Objectives

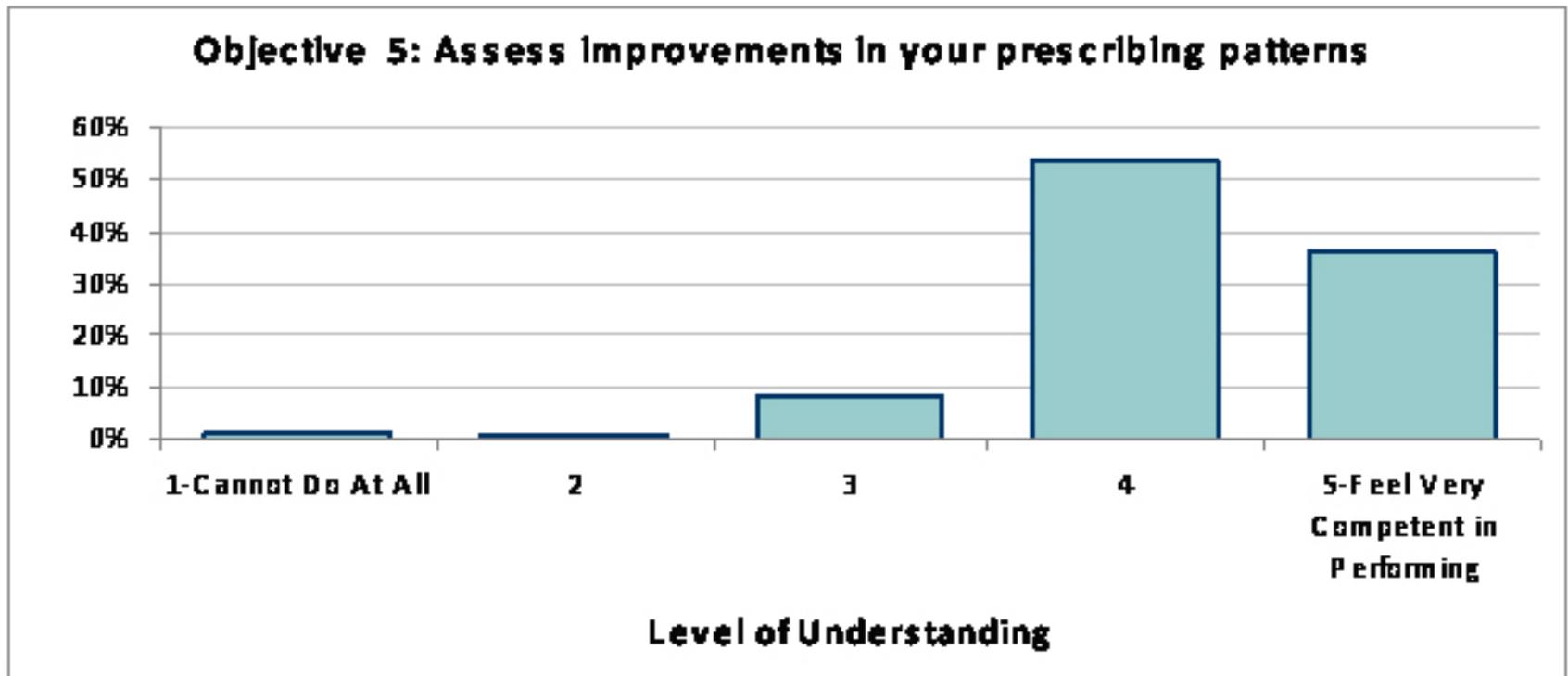
Identify tools and resources for integrating the guidelines into your practice





# Program Objectives

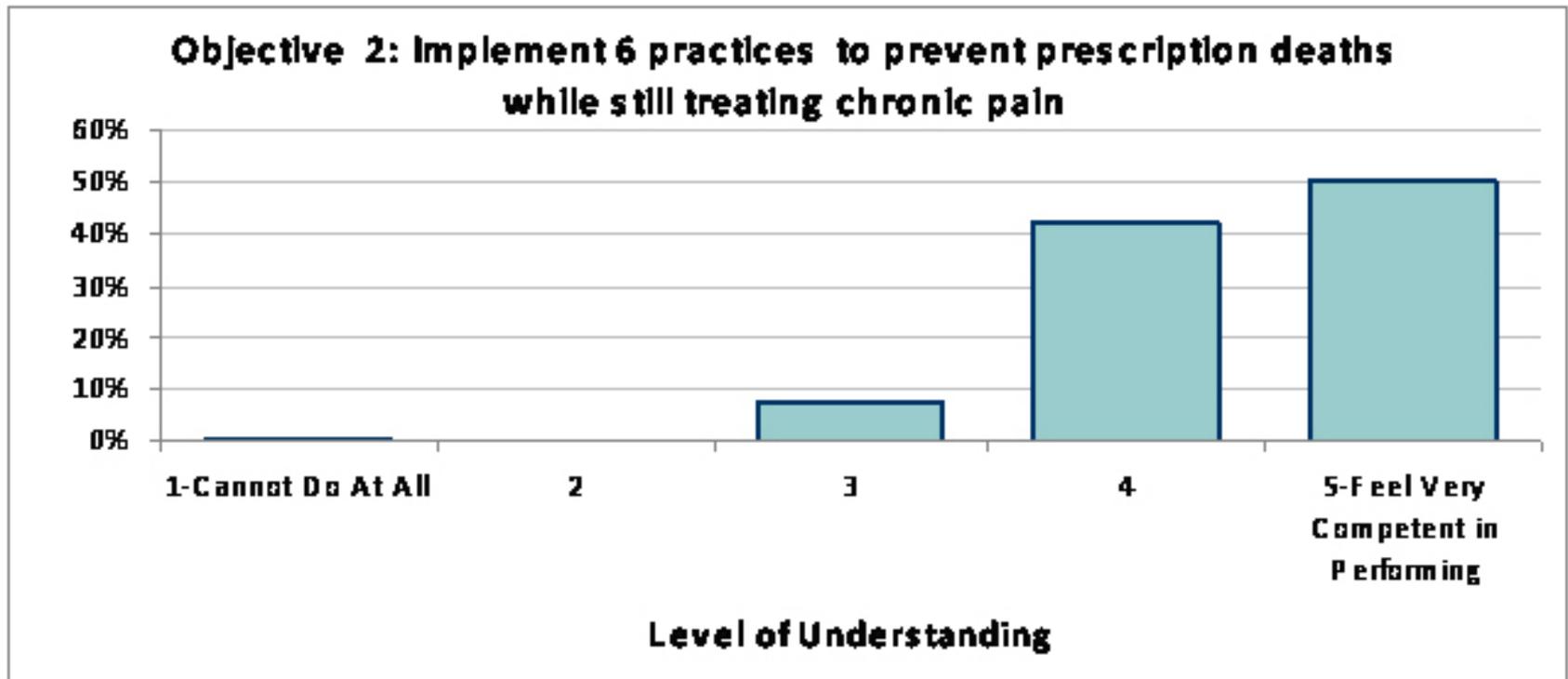
Assess improvements in your prescribing patterns





# Program Objectives

Implement six practices to prevent prescription deaths while still treating chronic pain



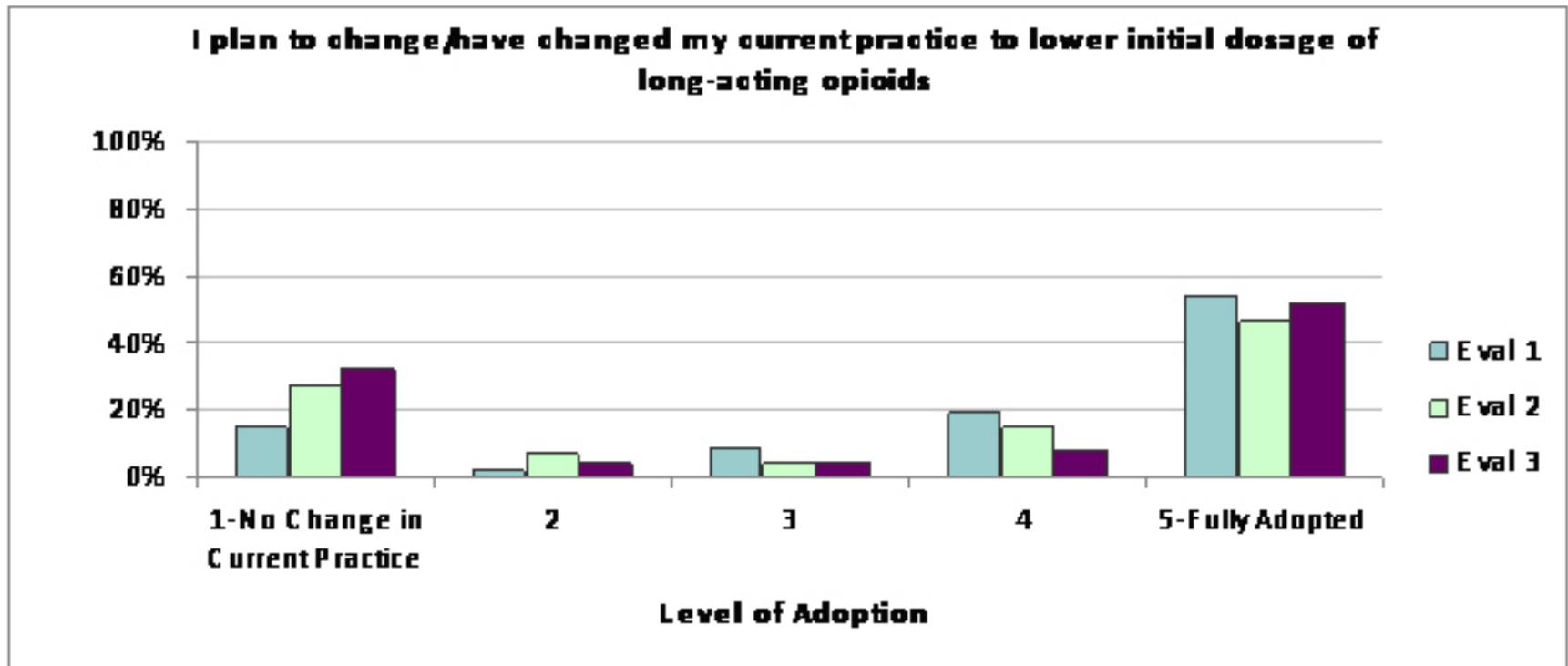


# Six Practices for Safe Narcotic Prescribing

1. **Start Low, Go Slow** (methadone 5mg bid for most pts),
  2. **Obtain Sleep Studies** (>100mg/day morphine equivalent, >50mg methadone),
  3. **Obtain EKGs** (methadone >50mg/day or when combining with other QT prolonging drugs),
  4. **Avoid use with benzodiazepines** and sleep aids,
  5. **Avoid using long-acting narcotics for acute pain**, and
  6. **Educate patients and families.**
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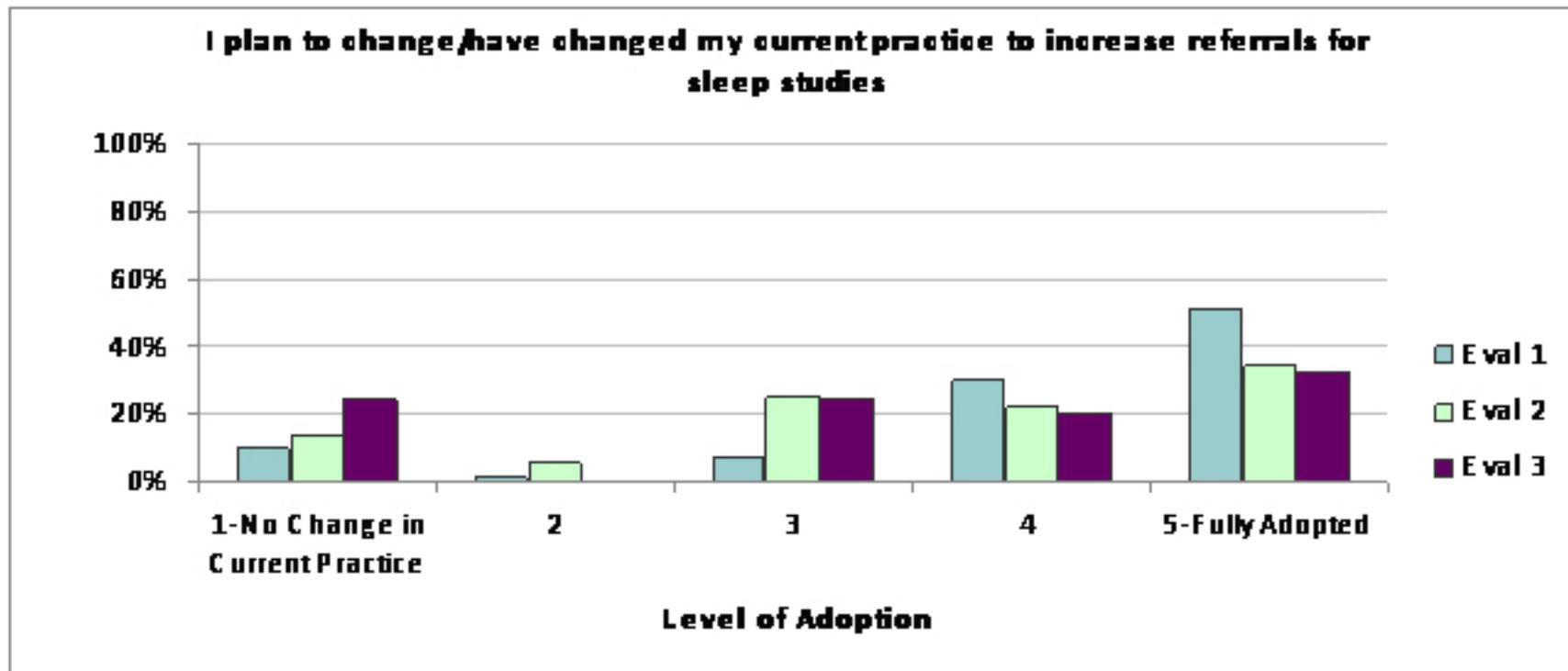
# Six Practices

## 1. Start Low, Go Slow (methadone 5 mg bid for most patients):



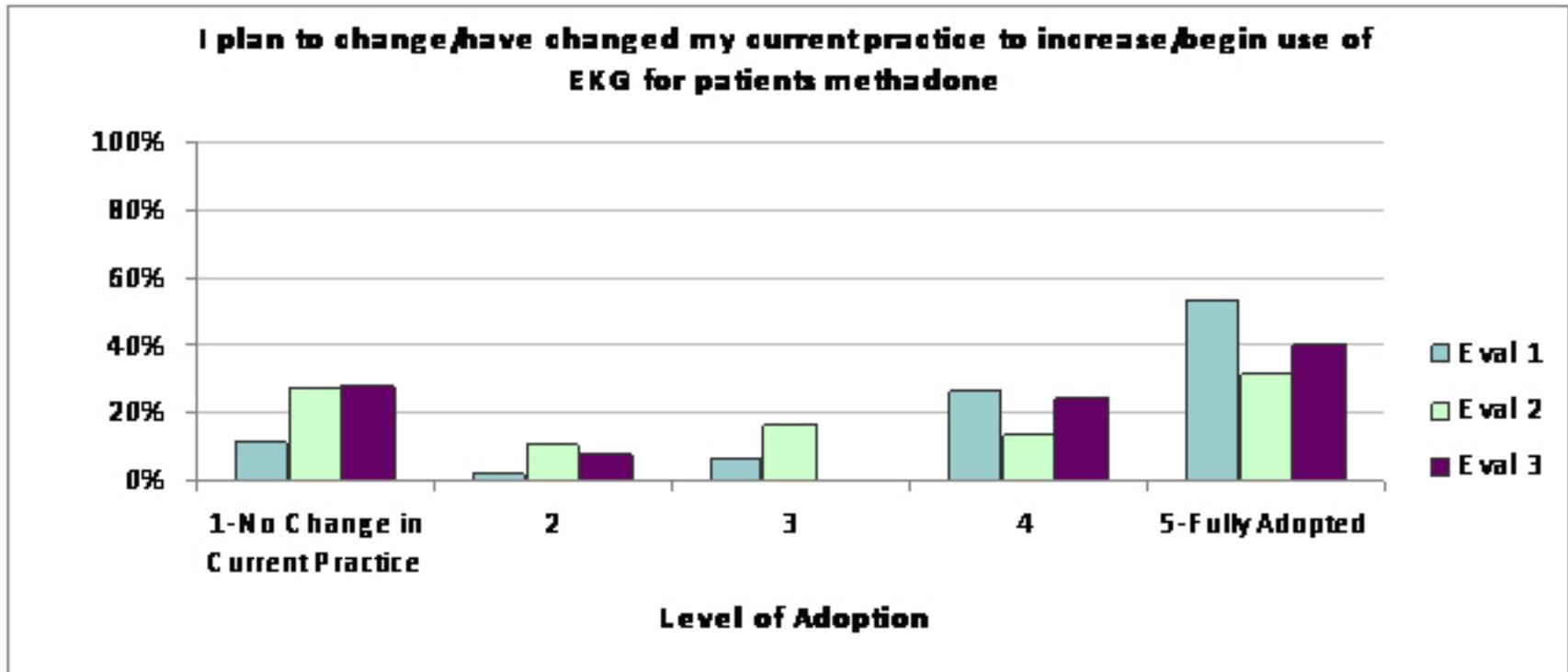
# Six Practices

## 2. Obtain Sleep Studies (>100mg/day morphine equivalent, >50mg methadone):



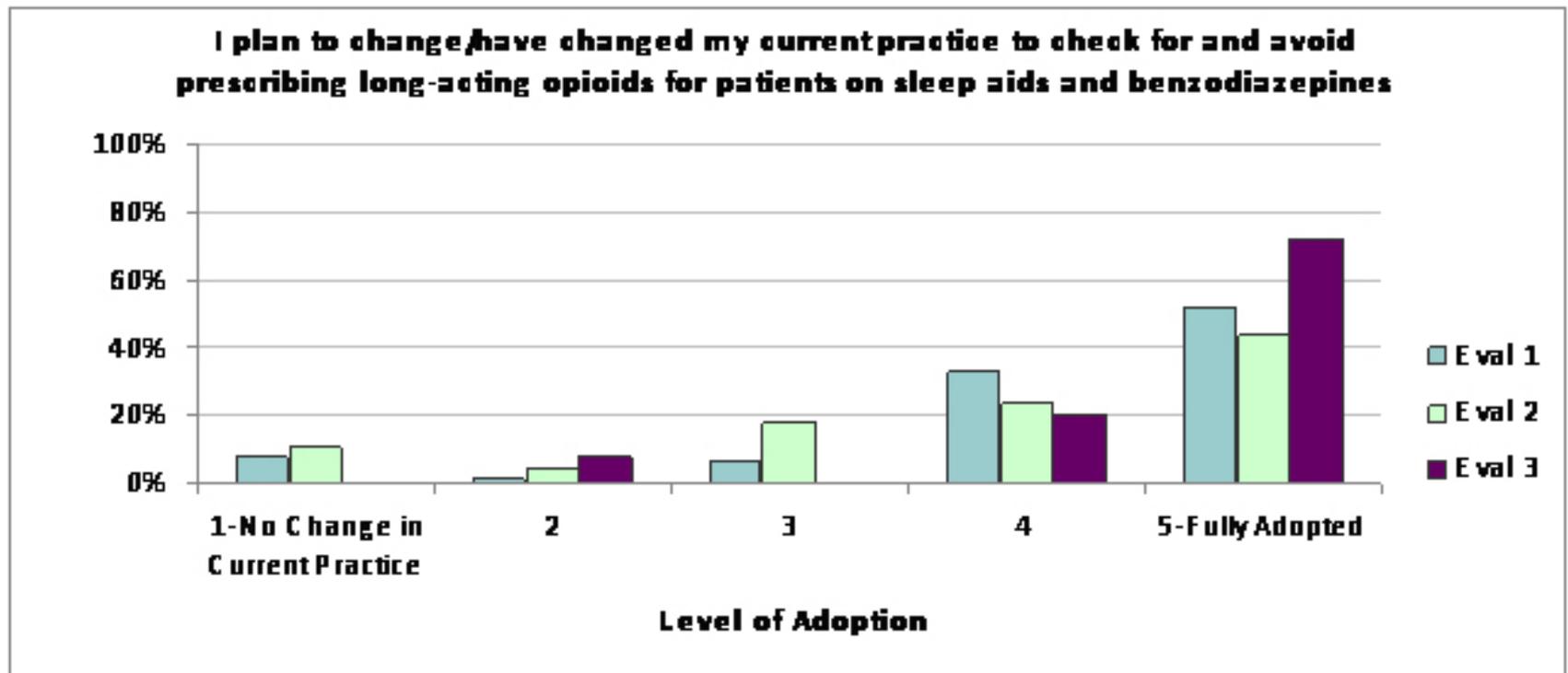
# Six Practices

## 3. Obtain EKGs (methadone >50mg/day or when combining with other QT prolonging drugs):



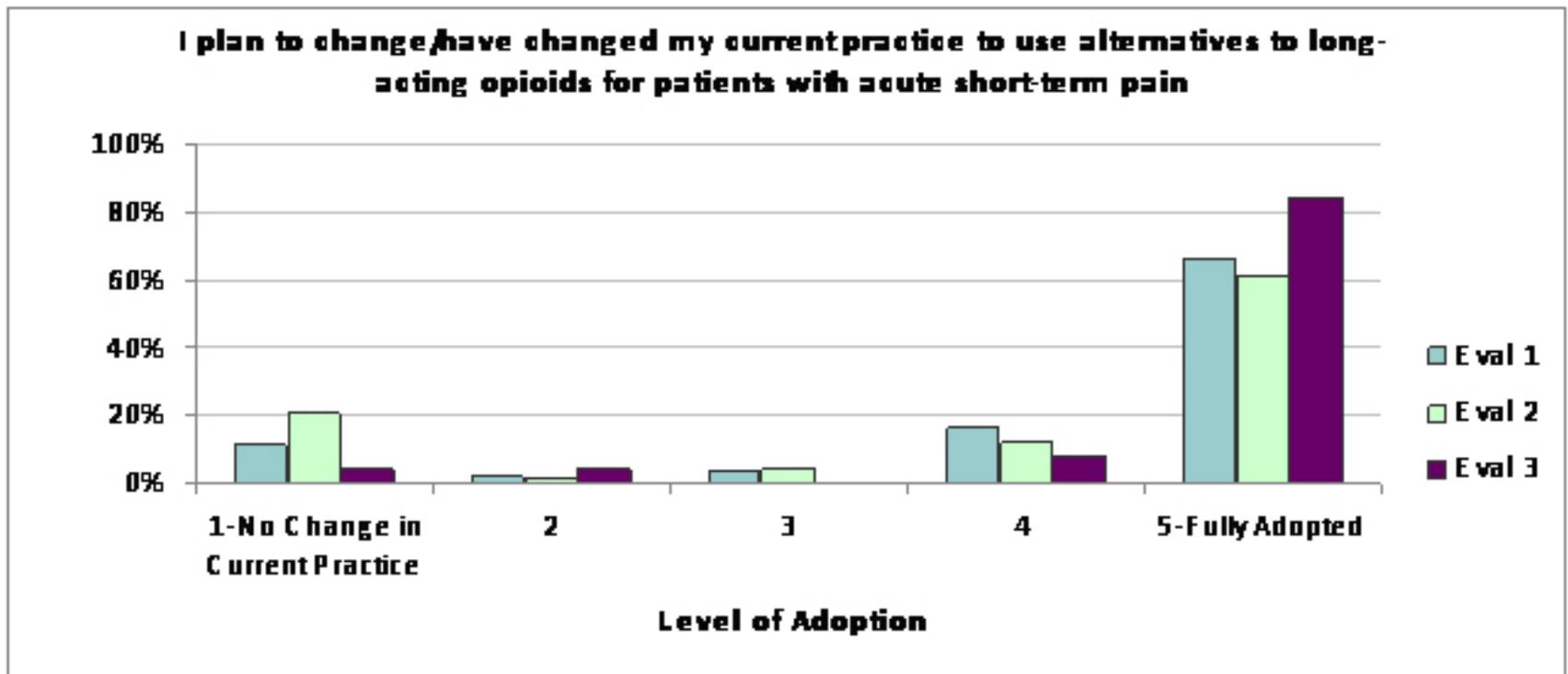
# Six Practices

## 4. Avoid use with benzodiazepines and sleep aids:



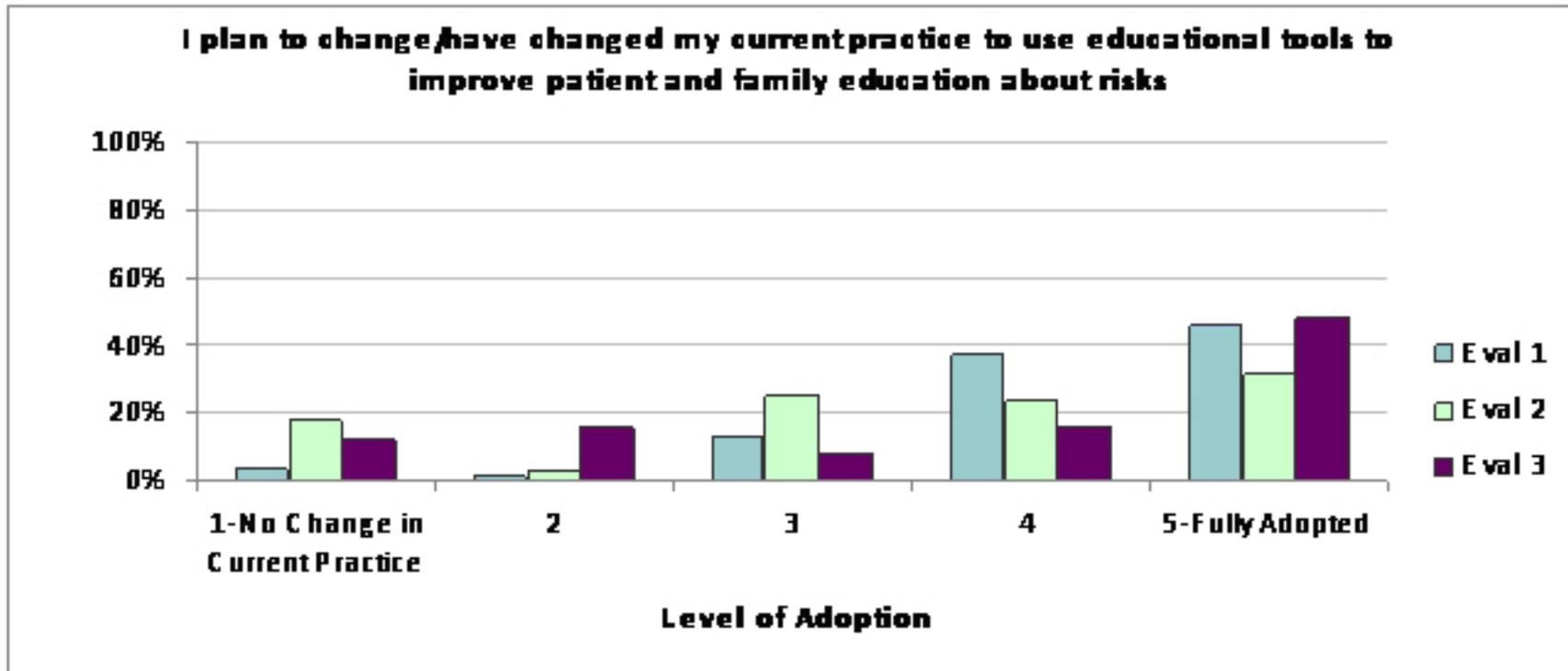
# Six Practices

## 5. Avoid using long-acting narcotics for acute pain:



# Six Practices

## 6. Educate patients and families:



# Barriers and Solutions

## Barriers

1. Coordinators for some meetings chose to control the dissemination of materials
2. Ability to earn considerable amount of CMEs difficult to understand
3. Large group scheduling – some are scheduled up to 1 year in advance
4. Initial follow up evaluation too soon
5. Difficulty speaking with providers via telephone
6. Changing process takes time
7. Began without approved guidelines

## Solutions

1. More effort was put into the follow up to collect information, ie, DOPL CSDB activity
2. A slide was created and explained during each presentation
3. Several large group meetings are scheduled to continue through 10/09
4. Changed 1 week to 1 month follow up
5. Created online survey as the preferred medium
6. May require repeated efforts over time
7. Chose to continue with draft guidelines; when they were finalized, recruitment improved due to higher visibility of the program

