

Addressing the Opioid Epidemic in Community Oncology Programs

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Sample

Abstract

Significance/Background: In 2016, the rate of opioid-related deaths was skyrocketing. It was becoming apparent that no community or clinical provider was immune to this epidemic. In addition, new regulations and guidelines for prescribing opioids for pain management were announced by state Medical boards and the CDC. The CDC responded by releasing "Guidelines for Prescribing Opioids for Chronic Pain".

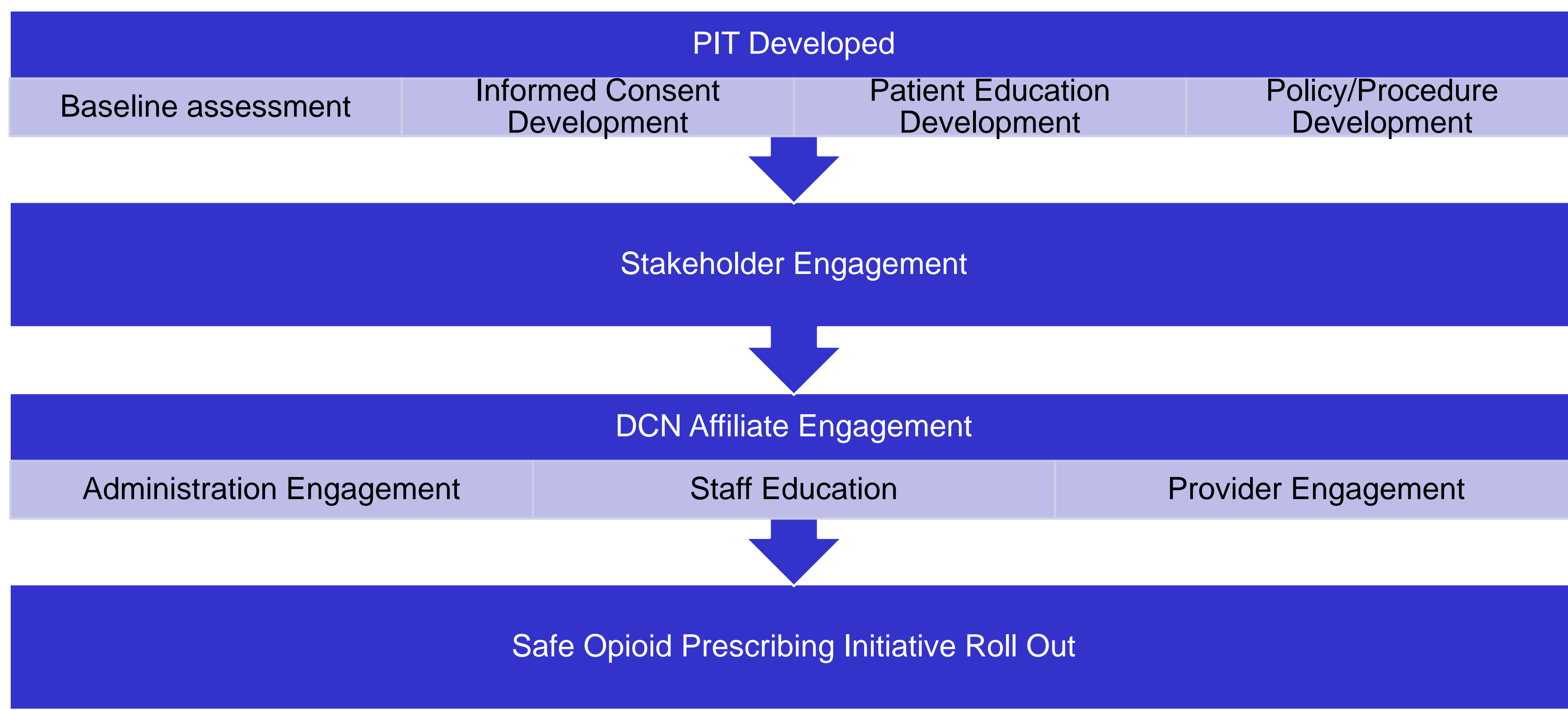
Purpose: The Duke Cancer Network (DCN), a network of community programs affiliated with an academic cancer program, recognized that oncologists used opioids frequently to manage cancer pain. DCN sought development of best practice: aligning emerging regulations and eliminating systematic vulnerabilities in the prescribing of opioids.

Interventions: A work group, Pain Initiative Team (PIT), defined the scope, created tools/resources, and processes at four pilot sites. PIT stakeholders included: clinical providers, advanced practice nurses, pharmacists, and nurse administrators. Cancer Committees, as part of the Commission on Cancer, were engaged to provide accountability and to meet quality standard requirements.

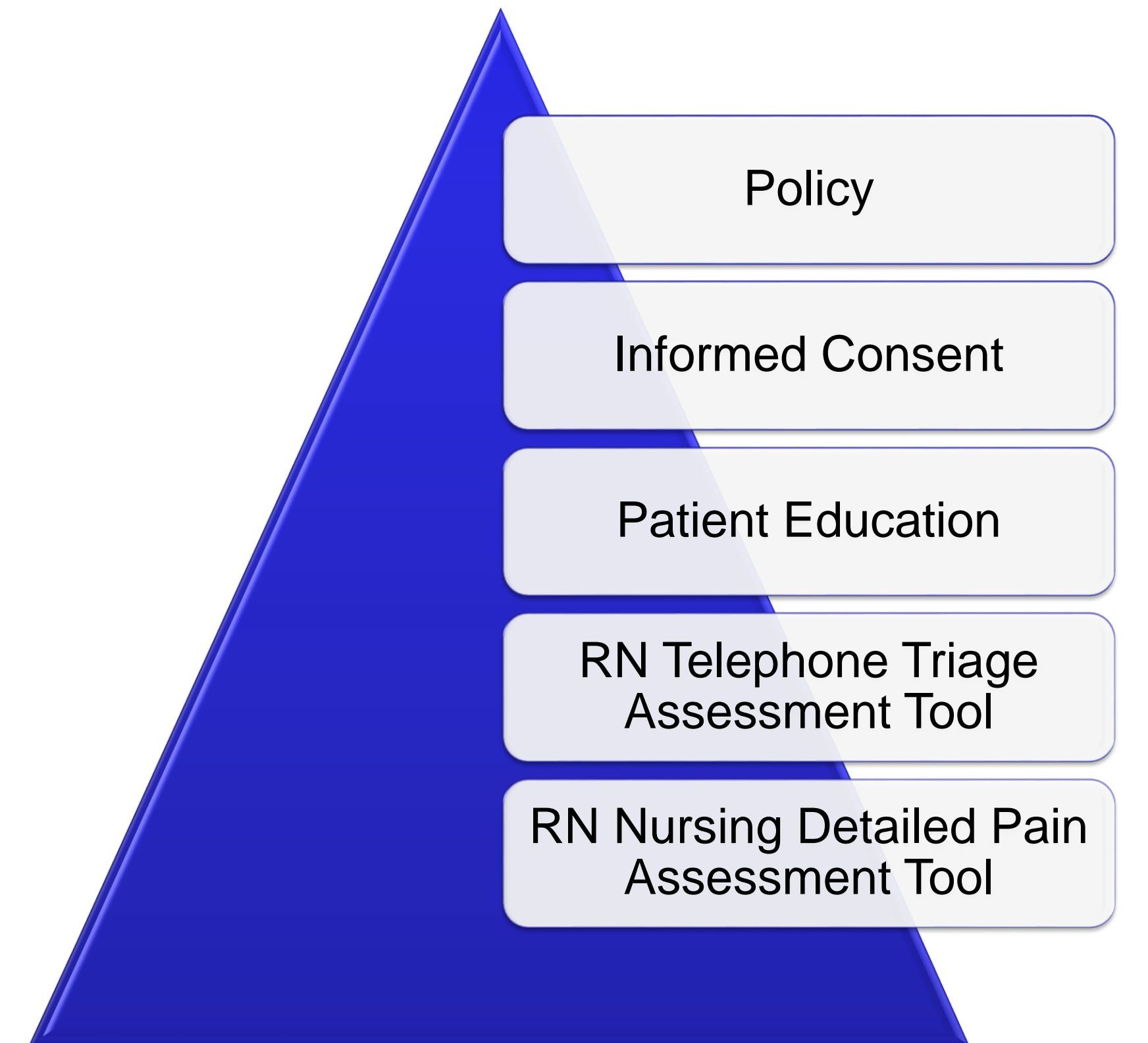
Following recommendations from CDC, North Carolina Board of Medicine, and Duke University Health System, the following strategies were employed: 1. Optimal non-opioid pain management 2. Informed Consent (IC) prior to initiation of opioid therapy 3. Prescribers/dispensers enrollment in relevant state prescription drug monitoring program (PDMP) 4. Comprehensive Staff/patient education 5. Comprehensive pain focused clinical assessment (CA) prior to prescription refills.

The PIT conducted baseline assessments of pain management agreements or IC completion rates, naloxone prescriptions utilization, status of enrollment and frequency of queries into PDMP. Engaging with site Cancer Committees and key stakeholders, the strategies above were implemented in phases. Phase I addressed 1-4, and Phase 2 implemented CA prior to refills, utilizing all clinicians to full scope of practice. In three rural communities, a comprehensive nursing pain assessment visit model prior to refills was implemented. A collaborative PIT developed optimal opioid management processes with tools and education/training in 4 rural communities that effected change through engagement. Extensive communication was provided through multiple forums, including email, practice alerts, team meetings, education and site calls. Rates of IC, utilization of the PDMP, patient education, and CA have increased in all four communities. Providers, nurses, and administrators report increased satisfaction with this effort.

Intervention/Results

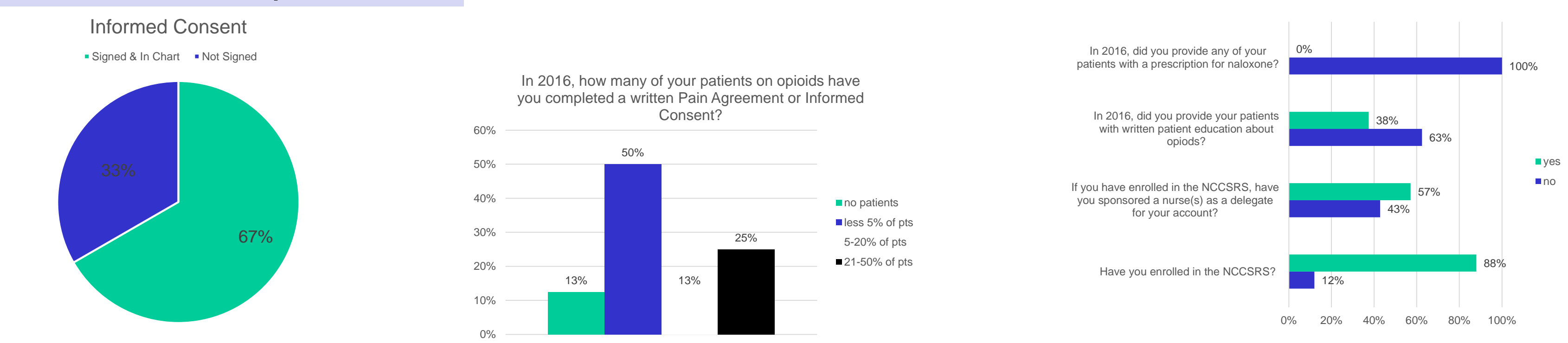


Tools Developed



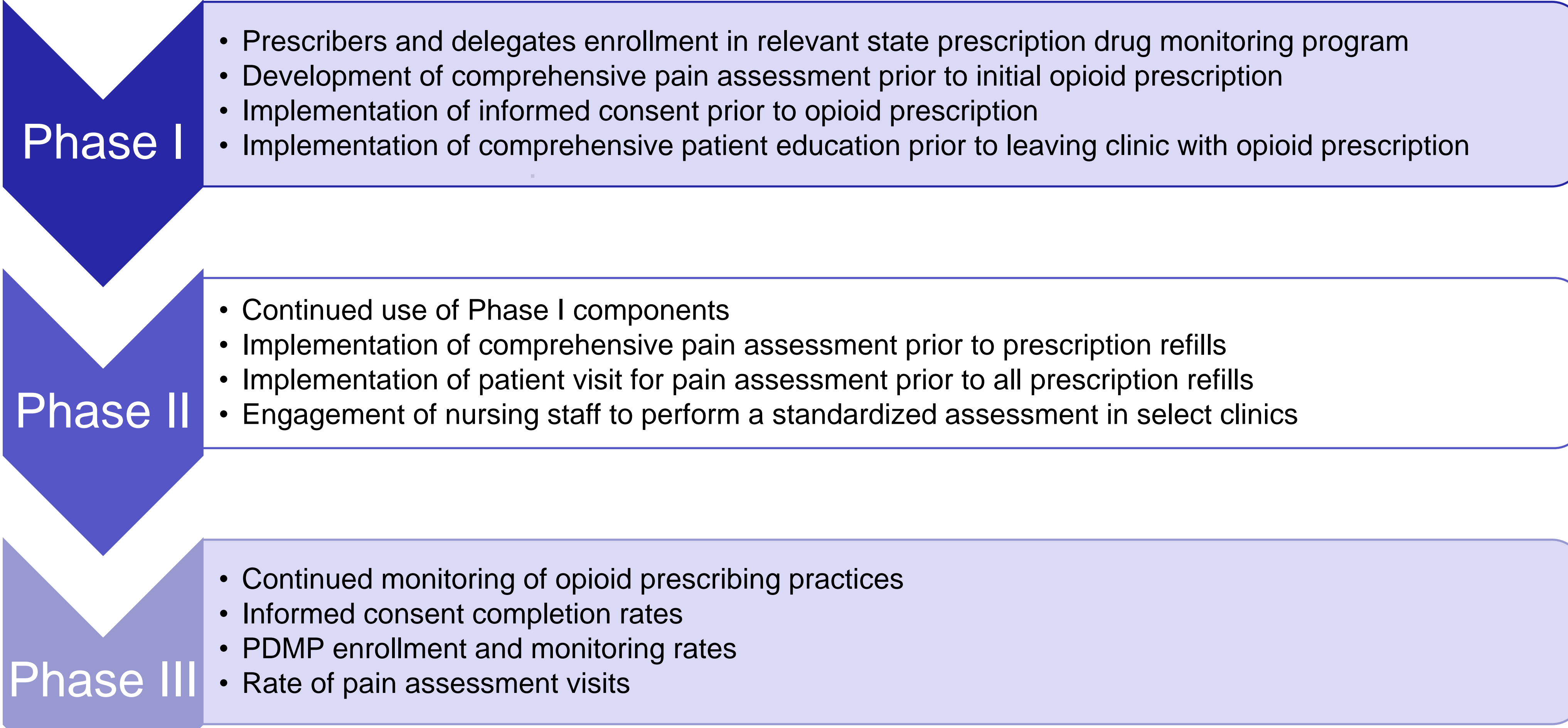
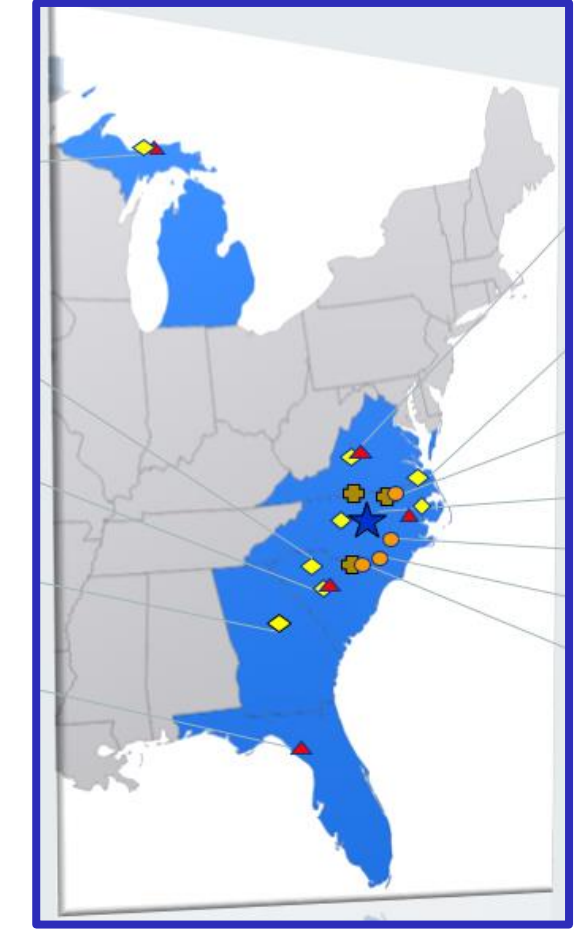
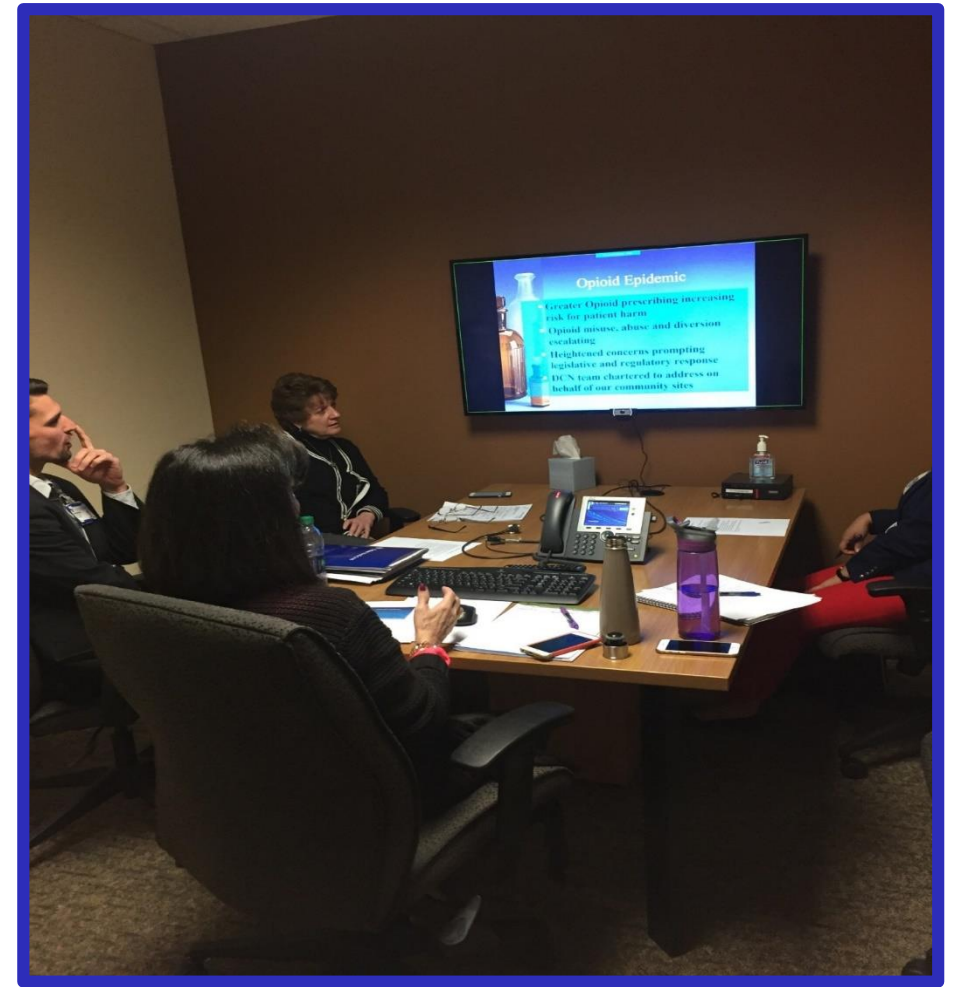
Background

Baseline Sample Data



Site Participation

The Duke Cancer Network is an affiliate network aligned with the Duke Cancer Institute. The network consists of 12 affiliated sites, comprised of over 80 medical oncologists, 50 advanced practice providers, 250 nurses, and 12 pharmacists. The reach of the DCN spans from Marquette, MI to Florida. Participating sites included DCN clinical affiliates located in North Carolina.



Conclusion/Next Steps

- Conclusion**
 - Outcomes reported at site Cancer Committees
 - 100% adoption of informed consent/pain agreement
 - Consistent documentation of patient education
 - 100% providers enrolled in PDMP with nurse delegation
 - Successful implementation of patient pain visit/assessment prior to opioid refills
- Next Steps**
 - Dissemination of project outcomes to all DCN affiliate sites through:
 - Cancer Committee Meetings
 - DCN affiliate meetings
 - Export program to larger program development affiliations