Addressing the Opioid Epidemic in Community Oncology Programs

Purpose:
The Duke Cancer Network (DCN) of 12 hospitals and affiliated sites recognized the need to develop effective strategies for the management of chronic pain among patients receiving opioid therapy. As part of a larger effort to address the opioid epidemic, we developed a pilot initiative to integrate pain management into routine practice in community oncology programs. The initiative was designed to align with the Commission on Cancer (CoC) standards for pain management and to provide education and training to healthcare providers and stakeholders. The initiative was implemented over three phases, each focusing on different aspects of pain management and education. The initiative was designed to be scalable and replicable across the network.

Background:
The opioid epidemic is a national crisis with significant impact on public health. The Duke Cancer Network is an affiliate network aligned with the Duke Cancer Institute. The network consists of 12 affiliated hospitals and sites, comprising of over 90 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.

Methods:
A work group, Pain Initiative Team (PIT), defined the scope, created tools/resources, and processes for each pilot site. PIT stakeholders included: clinical providers, advanced practice nurses, pharmacists, and nurse administrators. Cancer Committee meetings, as part of the Commission on Cancer (CoC) standards, 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 II 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 affected 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 reported increased satisfaction with this effort.

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

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”

Interventions: A work group, Pain Initiative Team (PIT), defined the scope, created tools/resources, and processes for four pilot sites. PIT stakeholders included: clinical providers, advanced practice nurses, pharmacists, and nurse administrators. Cancer Committee meetings, as part of the Commission on Cancer (CoC), 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.

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Conclusion/Next Steps
• 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 assessment prior to opioid refills Dissemination of project outcomes to all DCN affiliate sites through: Cancer Committee Meetings DCN affiliate meetings Support program to larger program development affiliations