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Are Your Opioid Pain Management Practices Current?

Technology and a team-based approach can increase patient safety and reduce risk.

By Lori Atkinson, RN, BSN, CPHRM, CPPS

The opioid addiction crisis continues to dominate headline news. According to the Centers for Disease Control and Prevention (CDC), in 2016, 40 percent of opioid overdoses involved prescription opioids, with more than 46 people dying every day.[1] The most common drugs involved in prescription opioid overdose deaths are methadone, oxycodone and hydrocodone.

While the overall prescribing rate of opioids has been declining since 2012, the amount of opioids prescribed in 2015 remained approximately three times as high as in 1999 and varied substantially across the country.[2] There is continuing evidence of problematic prescribing patterns. In 2017:

- There were still almost 58 opioid prescriptions written for every 100 Americans[3]
- 17 percent of Americans had at least one opioid prescription filled, with an average of 3.4 prescriptions dispensed per patient
- The average number of days per prescription continues to increase, with an average of 18 days in 2017.[3]

A review of Constellation medical professional liability (MPL) claims asserted from 2010 to 2015 found that opioids were involved in 19 percent of claims where medication was a factor, and 24 percent involved more than one medication. The opioids most involved were hydromorphone, methadone and oxycodone. The combination with the highest indemnity and severity was fentanyl and oxycodone. Death was the outcome in 22 percent of all cases.

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Clinicians continue to face scrutiny of their opioid prescribing practices through DEA investigations, state medical board sanctions and medical professional liability claims—and for good reason. Some clinicians and organizations still are not using best practices outlined by the CDC, state boards, and other organizations.

Following current best practices can prevent harm and protect organizations from allegations of negligent prescribing, overprescribing, and failure to recognize and treat opioid use disorder (OUD).

A settled malpractice claim

A recent claim, settled on behalf of a primary care physician (PCP) and his clinic involved a 37-year-old man with complaints of low back pain who was treated with multiple opioids and muscle relaxants for over 10 years. In the early years of treatment, the PCP examined the man up to seven times a year and wrote up to 38 prescriptions per year for various opioids. Over the years, the dosages and the number of pills increased.

In the last two years of treatment, the PCP did not perform any physical exams on the man and wrote 15 opioid prescriptions. Another PCP diagnosed the man with OUD and he entered a rehabilitation facility for treatment. The man filed a malpractice claim against the first PCP alleging over-prescribing of opioid pain medications resulting in OUD and failure to diagnose and timely treat OUD. He also filed a claim against the PCP's clinic alleging failure to supervise and monitor clinician opioid prescribing practices.

Our investigation into the claim revealed the following problems in defending the PCP and the clinic:

- Increasing dosages and prescriptions of opioids with limited or no physical exams
- Sparse documentation of exams and diagnostic testing to identify and treat the source of ongoing low back pain
- Family history of substance abuse not taken into consideration
- Lack of tools and processes to assess and monitor patients receiving opioid prescriptions
- Failure to obtain informed consent; lack of documentation of patient education
- Lack of a process to monitor the prescribing practices of the clinic's clinicians

Keep current on best practices

Reducing injuries in patients being treated with opioids and the resulting malpractice claims can be accomplished by implementing the following:

1. Use a team-based approach, which redistributes roles and accountabilities across the team and empowers team members to work up to the scope of their license and education. A team-based approach to workflows ensures that clinicians have time to spend with complex chronic pain patients. Redesign workflows to assure tasks are appropriately and efficiently delegated to team members in these areas:

- History intakes and updates
- Medication reconciliation
- Review of the prescription drug monitoring program in your state
- EHR documentation during and after exams
- Follow-up system that track exams, refills, tests, test results and referrals
- Patient education, goal setting and coaching
- Monitoring of pain patient dashboards

2. Employ technology to automate processes:

- Embed documentation templates and risk assessment tools into the EHR to capture and document pertinent medical history, family history, risk factors for OUD and mental health status.
- Create a patient dashboard view of pain status, functional and goal status, risk level, opioid prescriptions, morphine milligram equivalents (MME) dosages, refills and requests, test results, monitoring status and referral status.
- Run reports from the EHR to identify outstanding lab test reports, referral reports and patients due for exams and testing.
- Create a clinician opioid-prescribing dashboard, and include a feedback loop for individual clinicians on their opioid prescribing practices.

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