Tapering Patients off Opioids: One Clinic's Story

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BACKGROUND

- The opioid epidemic is an ubiquitous topic today, with opioid misuse and the resultant risk of overdose on the rise.
- From 2016 to 2018, Oregon's average for opioid prescribing is approaching but continues to remain above the national average.
- Tapering patients off opioids continues to be a challenging endeavor for primary care providers.
- The ecological systems theory continues to be an useful framework which describes the main environmental systems in which a patient interacts. This can continue to be applied to help explain the challenges of opioid tapering.

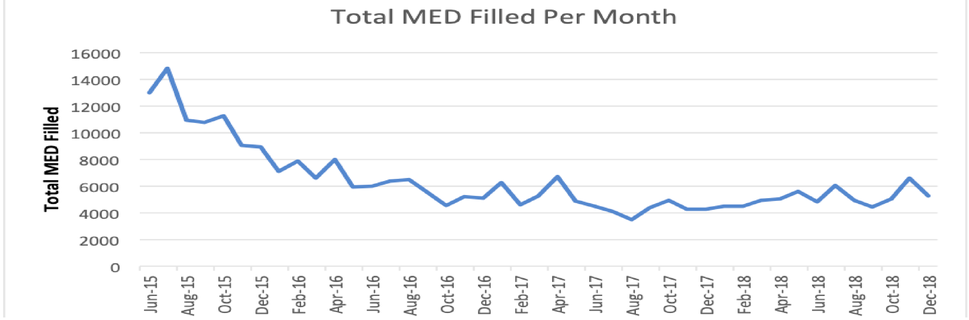
OBJECTIVES

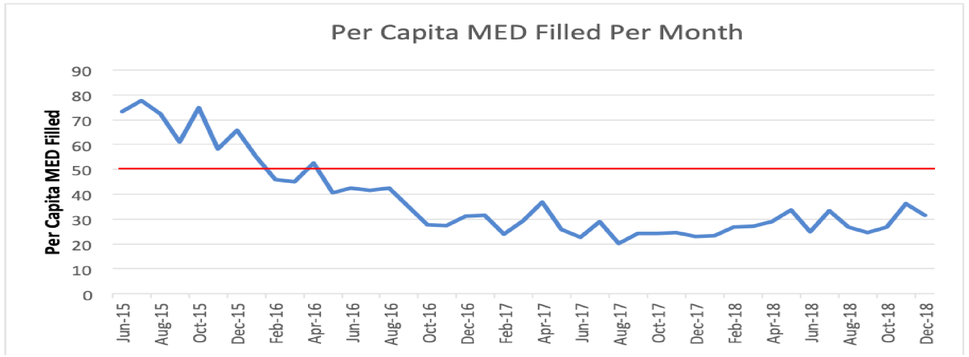
- Describe how one family medicine clinic in Oregon responded to the high rate of opioid related overdose by tapering patient's off of opioid pain medications.
- Utilize the ecological systems approach model to determine what weaknesses and threats may prevent opioid tapering.
- Determine whether providers can decrease morphine equivalent doses per day as well as maintain these decreased doses long term.

METHODS

- The study is a retrospective analysis of opioid prescribing practices in an outpatient family medicine clinic in Corvallis, Oregon.
- Opioid prescribing practices of four primary care physicians at this clinic recorded between June 2015 to December 2018.
- Data was collected using a DEA query of the Oregon Prescription Drug Monitoring Program (OPDMP) for filled opioid prescriptions that had been written by the four physicians of interest.
- The morphine equivalent dose (MED) was provided by the PDMP and summarized per month and per capita per month.
- The PDMP switched data entries. For data collected from June 2015 to August 2016, the MED was calculated separately. For data collected from September 2016 to December 2018, MED was provided by the PDMP. The total number of patients who were prescribed narcotics was also monitored from September 2016 to December 2018.

RESULTS





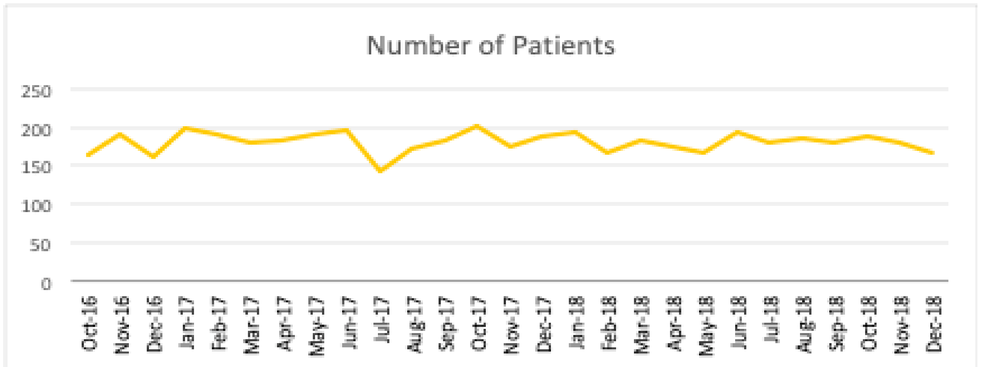
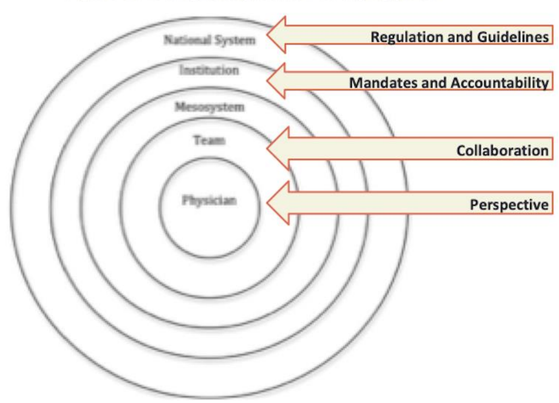


Figure 3. Ecological Systems Theory Applied



CONCLUSIONS

- The project was broken down into two timeframes: June 2015 – August 2016 and September 2016 – December 2018. The first time frame demonstrated approximately 50% reduction in total MED and MED per capita filled over the 14 month period.
- The second time frame demonstrated maintenance with a slight increase in MED starting late 2017. The number of patients prescribed narcotics per month was also calculated during this time frame which showed no change. This suggests that providers are not prescribing narcotics to new patients.
- Our application of the ecological systems theory demonstrates that provider decision is influenced by the institution the provider works for which is further influenced by national regulations.

DISCUSSION

- The CDC announced new opioid prescription guidelines nationally on March 2016, changing the way providers initiate and manage narcotic prescriptions. This includes increasing follow up frequency, implementing naloxone, and educating patients on opioid overdose if daily MED per capita reaches 50 and above. As the regulations became more stringent, our clinic also demonstrated this change with continued collaboration with behavioral health, pharmacists, chronic opioid disorder specialists as well as considering non-pharmacological alternatives.
- The plateau we see starting late 2017 may suggest limitations to our current practices. Instead of seeing MED per capita continuing to trend down, it remains within the range of 25-30. Based off the ecological systems theory, the clinic is limited by national regulations. We are approaching the national average but still remain above it. It is worth considering whether providers are reaching a "safe" MED goal below 50 for their patients and as a result maintaining these doses with consequential loss to follow up. In addition, the number of patients being prescribed narcotics has not changed. This opens up further discussion on what other modalities should be implemented to completely taper patients off narcotics when daily MED per capita falls below 50.
- The 4 primary care providers whose PDMP data were analyzed are within a closed panel system which indicates that these providers are not accepting new patients during this time frame. It would be interesting to see how the MED per capita would trend if providers were introduced to new patients.
- Limitations in our research include patient attrition which was accounted for by calculating MED per capita. In addition, all MED are included regardless of medical condition. Another limitation is variations in data collected from the PDMP. The data collected from June 2015 to August 2016 required manual calculation of MED versus the data collected from September 2016 to December 2018 did not and was provided by the PDMP.

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