Interprofessional Training to Assess and Manage Chronic Pain and/or Opioid Use Disorder on an Emergency Department Observation Unit

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EDUCATION

BACKGROUND/SIGNIFICANCE

More Emergency Department Observation Unit (EDOU) patients have comorbid chronic pain (CP) and/or opioid use disorder (OUD) which:

- Complicates diagnosing their presenting condition and disposition decisions
- If unaddressed, patients may leave AMA and their conditions worsen

A needs assessment revealed staff feel unprepared to:

- Assess patients with co-occurring pain and opioid use disorder to develop an effective treatment plan
- Use a shared decision-making approach with patients having CP and/or OUD
- Know resources (hospital and community-based) for CP and/or OUD patients

A provider focus group supported those findings with additional needs identified:

- Guidance on nonopioid prescribing; access to nondrug therapies
- Prescribing for patients who are on medication assisted therapy for OUD
- Strategies to avoid stigmatizing patients with these comorbidities

METHODS

A core interprofessional team developed:

Digital Learning Modules

Assessment aids

- Functional Pain Scale (FPS)
- Clinical Opiate Withdrawal Scale (COWS)

Decision aids

- Opioid-sparing ways of treating pain
- Non-opioid analgesics with dosing guidance
- Non-drug interventions and resources
- Treating pain in patients with comorbid OUD
  - Methadone treated
  - Suboxone treated
  - Untreated

Enduring materials and resources

- SharePoint and Excellence Everyday intranet sites
- QR codes; printable PDFs; quick links
- Badge cards, Poster, new policy

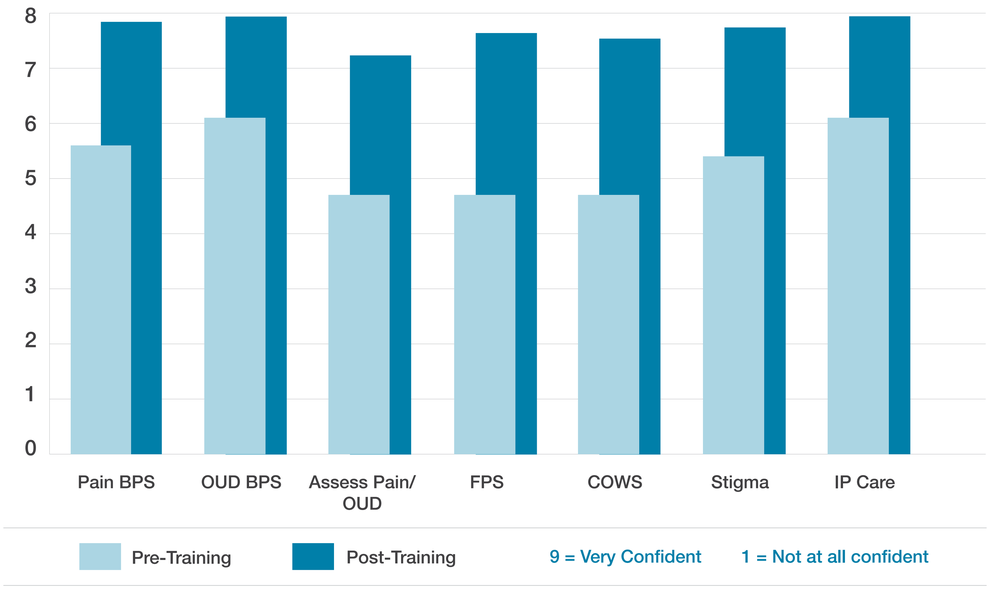
Short videos with discussion; role playing sessions

Huddle sessions on targeted topics

Pre and post assessment of knowledge and confidence

RESULTS

Confident in Knowledge of Chronic Pain and Opioid Use Disorder



BPS: View Pain and Opioid Use Disorder as BioPsychoSocial phenomena

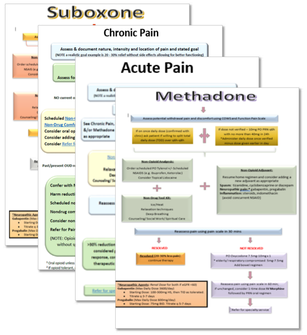
FPS: Use the Functional Pain Scale to refine the therapeutic plan

COWS: Use the Clinical Opiate Withdrawal Scale to refine the therapeutic plan

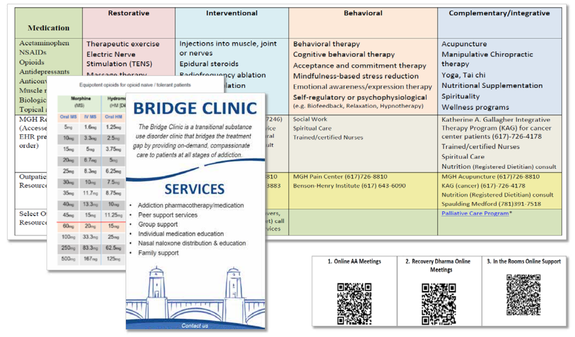
Stigma: Know what to say to avoid stigmatizing a patient

IPcare: Utilize team-based, interprofessional, patient-centered care

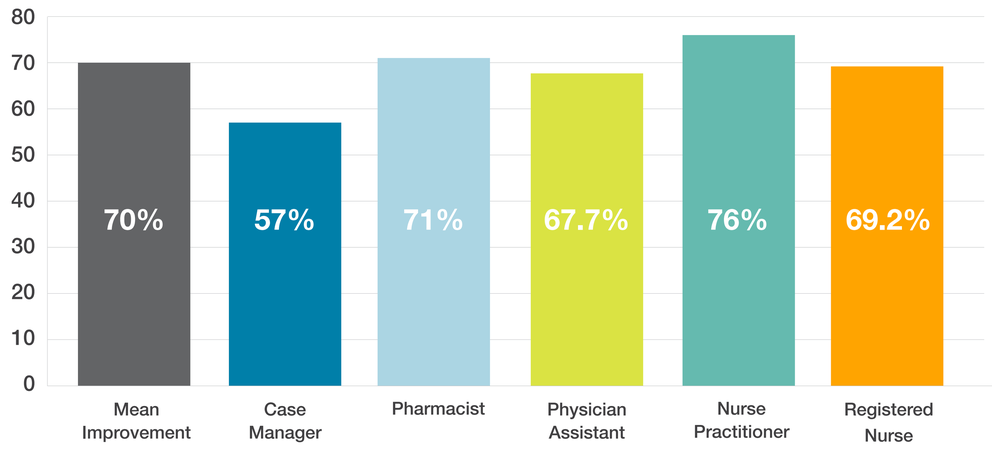
Decision Aides



Internal/External Resources



Improved Confidence in Caring for Patients with Chronic Pain and/or Opioid Use Disorder



Narcan Eduation

Nasal Narcan: Criteria was developed to identify patients at risk for opioid overdose with a policy developed and implemented to offer patients a Narcan prescription or kit on discharge. Many were offered and several dispensed without charge with attached scannable (QR code) education.

PARTICIPANTS

- 67 clinicians from 6 role groups with 10 years (mean) experience enrolled
- Post-program data showed a 70% increased confidence to care for CP/OUD patients
- Knowledge gains were observed in every content area ranging from 30% - 63% with the largest gains in familiarity of assessment tools used to assess CP and/or OUD.
- 35 completed small group training

PROGRAM REFINEMENT SUGGESTIONS

Comments were very positive about the content and ETHOS platform, with the following suggestions:

- Fewer clicks with slides that automatically advance and have audio
- Pause periodically with quizzes and reinforce key points
- More readable (fonts; define abbreviation)
- List of (linked) decision support tools at beginning and at end of online program
- More resources for prescribers (e.g. methadone, suboxone dosing for pain/OUD)

FUTURE OPPORTUNITIES

- Design resources to further impart needed knowledge, skills and attitudes
- Maintain engagement in therapy using evidence-based medications and nondrug therapies
- Expand /refine content to address needs identified across the organization
- Develop brief videos to role model conversations about CP/OUD, show best practices to limit exposure to high dose opioids, and summarize core competencies
- Tailor new content to selected patient populations to supplement core content
- Tailor some content for role-specific groups (e.g. pharmacists, case managers)
- Expand opportunities for interprofessional participation in case studies

Continue observing trends in opioid use data and clinical outcomes as the program expands

- Buprenorphine use, nasal naloxone distribution
- Discharges prior to completing treatment
- Length of stay or unplanned readmissions within 30/60/90 days
- Engagement in treatment with a specialist (e.g. Pain, Addictions) at 1 month and 3 months