

# PDMP Utilization to Decrease Prescription Opioid Overdose Deaths

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## Practice Concern

- ❖ According to the Center of Disease control (CDC), millions of Americans suffer from pain and are often prescribed opioids to treat them.
- ❖ The dangers of prescription misuse, overdose, and opioid use disorder has been an increasing problem in the U.S. From 1999 to 2016, more than 200,000 people died in the U.S. from overdoses related to prescription opioids (CDC, 2017).
- ❖ Overdose deaths involving prescription opioids were five times higher in 2016 than in 1999, Texas had a statistically significant increase over that timeframe (CDC, 2017).

## Needs Assessment

- ❖ Primary care providers may find pain management to be stressful (McGinty et al., 2018).
- ❖ Some patients have legitimate pain that need to be treated with Opioids, but there are others that are addicted to Opioids, and seek to abuse. It can be difficult to distinguish one from the other (McGinty et al., 2018).
- ❖ More than 40% of all U.S. opioid overdose deaths in 2016 involved a prescription opioid, with more than 46 people dying daily from prescription opioid overdose (CDC, 2017).
- ❖ Prescriber utilization of Prescription Drug Monitoring Programs (PDMP) is low (McGinty et al., 2018).

## PICOT Question

- ❖ In patients with chronic non-cancer pain, how does mandatory utilization and documentation of PDMP by primary care providers compared to non-utilization and documentation of PDMPs affect prescription opioid overdose epidemic over a period of 6 months to 1 year?

## Literature Review

### Search Engines

- ❖ MEDLINE Complete, CINAHL Complete, Cochrane Database, Academic Search Complete, and CDC.

### Key Words

- ❖ PDMP, provider prescribing habits, Opioid overuse, Opioid abuse, and chronic non-cancer pain.

### Inclusion Criteria

- ❖ Publications in U.S., in English, studies on PDMPs, Opioid use and abuse and chronic non-cancer pain.

### Exclusion Criteria

- ❖ Articles that did not show use of PDMPs to reduce opioid crisis; had no studies on PDMP, Opioid abuse, or studies that dealt with cancer pain.

### Level of Evidence

- ❖ Ten research articles were used for this review. Levels of evidence ranged from Level I (highest level of evidence) to Level V (lowest level).

### Literature Review Summary

- ❖ The literature showed that implementation and utilization of PDMPs are effective in reducing the risk of prescription opioid medication abuse.

## EBP Guidelines

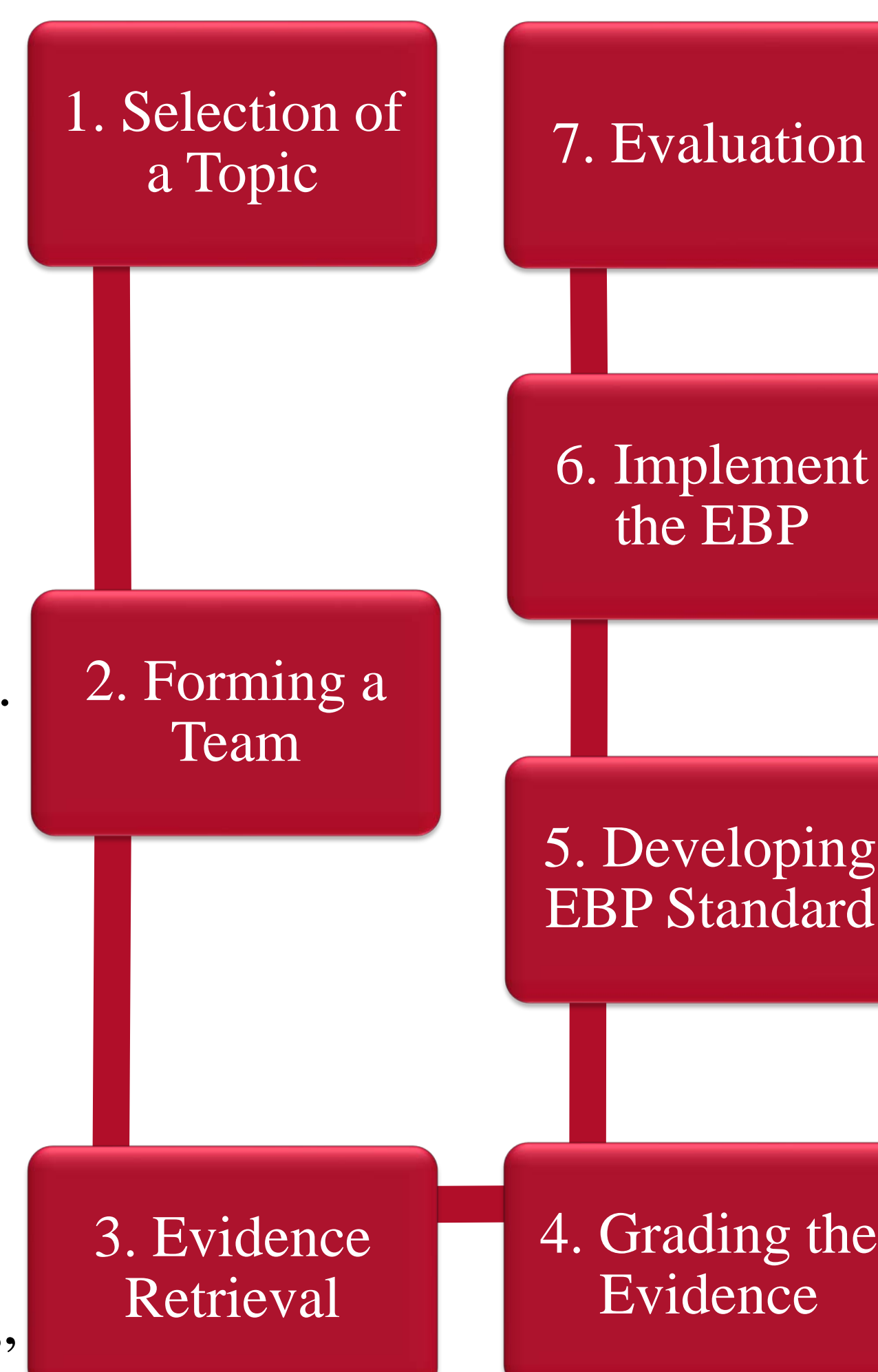
### ❖ Key Practice Strategies to Reduce Opioid Abuse Epidemic:

- Mandatory PDMP utilization and documentation prior to Opioid prescription.
- Streamlining the process for providers to register with the PDMP (CDC, 2017).
- Chart reviews to ensure PDMP utilization and documentation.

## Theoretical Framework

### ❖ The IOWA model of Evidence-Based-Practice (EBP):

- “Trigger (Problem) - problem is identified and ranked based on priority.
- Team Formation - responsible for development, implementation & evaluation.
- Evidence Retrieval - brain storming and evidence retrieval from databases.
- Grading the Evidence - Quality and strength of overall evidence.
- Developing an EBP Standard - team members set recommendations for practice.
- Implement the EBP - effecting evidence into practice.
- Evaluation - measuring the value and contribution of evidence into practice” (Gawlinski & Rutledge 2008).

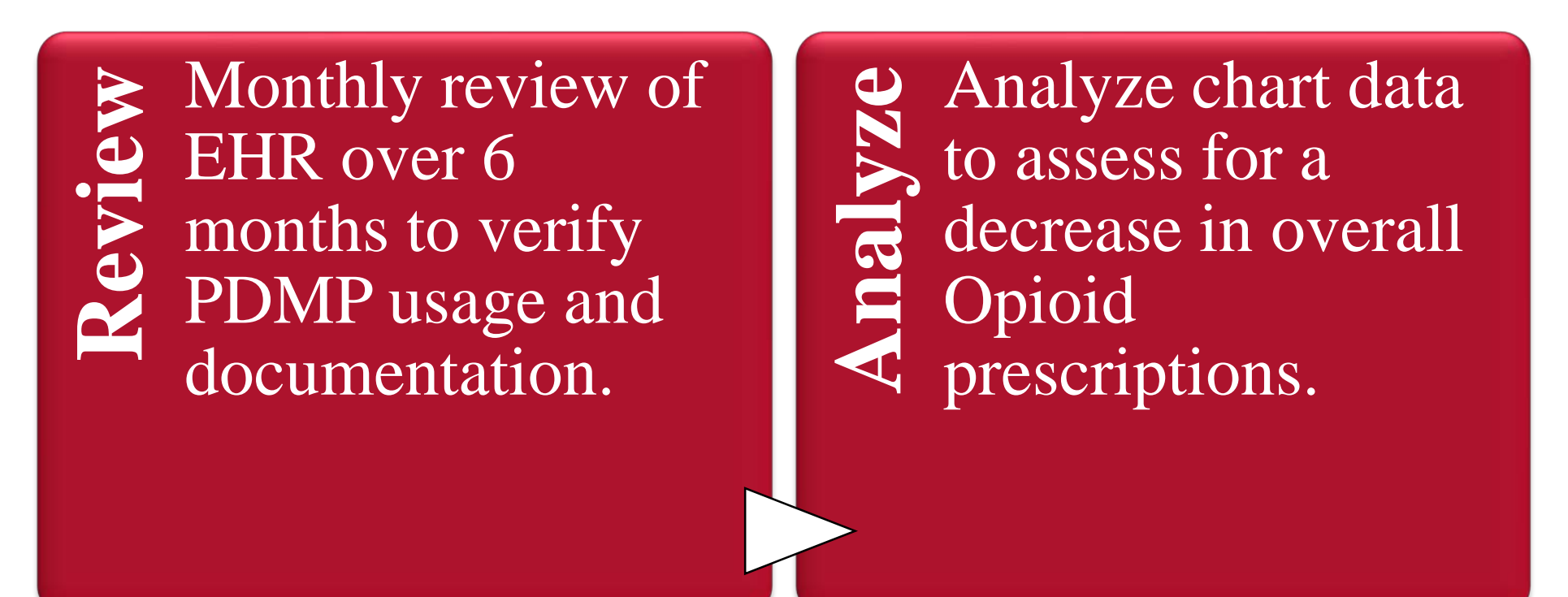


## Implementation

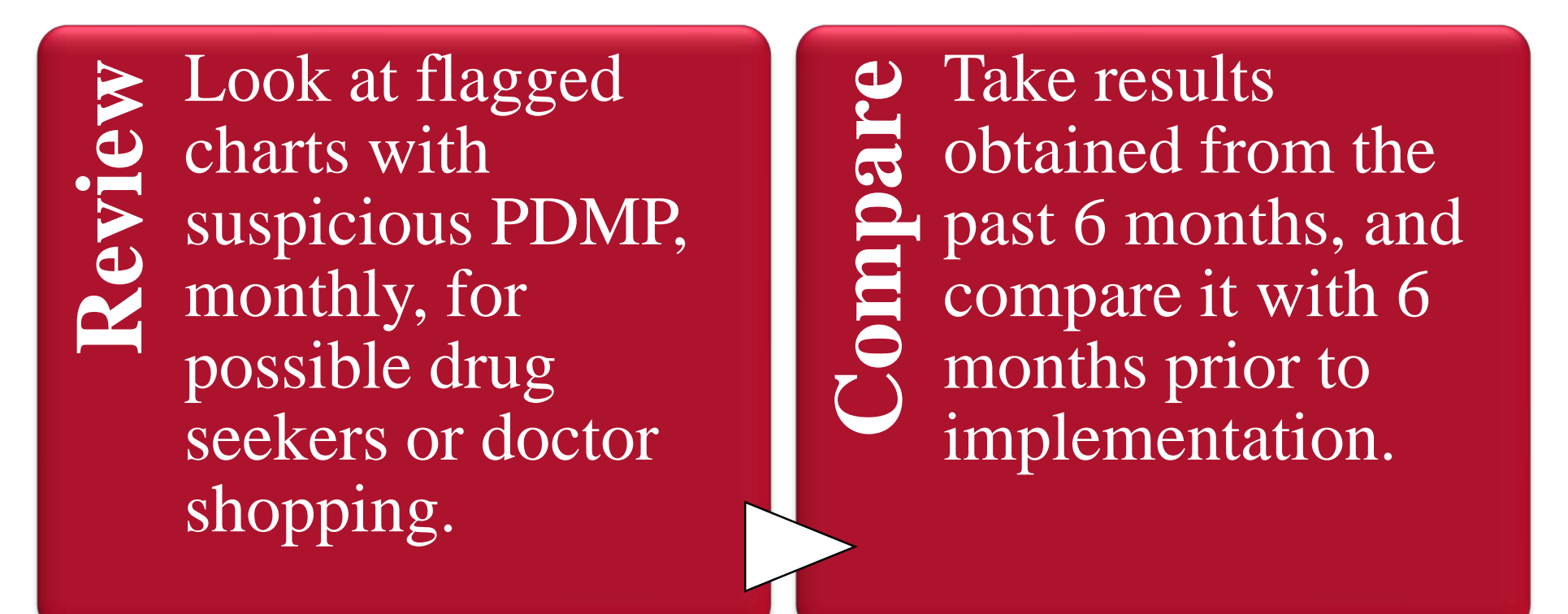
### ❖ Presentation of project to stakeholders:

- chief executive officer, chief medical officer, health care providers with prescriptive authority, IT manager, pharmacy, nurse manager:
  - Integrate access to the PDMP Web portal into the clinical workflow – such as a link or button in the EHR system.
  - Mandate PDMP history check for patients requiring Opioid prescriptions and document use of PDMP in the EHR.
  - Flag any patient that has a suspicious PDMP history for possible abuse or provider shopping and avoid Opioid prescription; offer alternatives and refer to pain management if necessary.
  - No anticipated financial requirements for this project, hence a budget is not necessary for completion.

## Evaluation



## Implement plan for 6 months



## References

- ❖ Available upon request.

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- ❖ Sonya Wade, DNSc, APRN, FNP-BC

