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Opioid Screening in the Primary Care Setting

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Introduction of the Problem

According to the Centers for Disease Control and Prevention (CDC), in 2016, more than 11.5 million Americans reported misusing prescription opioids in the past year (CDC, 2018a). As many as one in four patients receiving long-term opioid therapy in a primary care setting struggle with opioid addiction (CDC, 2018b). The need for better screening for patients at high risk for abuse is imperative to decrease the number of opioids prescribed to patients with addictive traits. In 2017 alone, there were approximately 47,000 deaths related to overdoses, and 36% were prescription-related opioids (CDC, 2017). Identifying patients who at high risk for opioid abuse before being prescribed such medication can potentially decrease the number of opioids prescribed, thus decreasing the number of overdoses yearly. This project aimed to implement the use of an opioid abuse risk assessment screening tool at one Midwest primary care clinic, and to identify patients at increased risk for prescription drug abuse. Current guidelines recommend screening patients before prescribing opioids (CDC, 2017).

Literature Review

This literature review aimed to evaluate the effectiveness of opioid abuse risk assessment tools and identifying those at risk for drug abuse. Methods of implementing risk assessment tools in the primary care setting and determining which opioid abuse assessment tools were validated in the literature. Themes that emerged from the literature search were clinical relevance of opioid abuse, risk factors for opioid misuse among patients, risk factors for primary care providers prescribing opioid medications, signs and symptoms of opioid abuse, consequences of prescription opioid abuse, validated opioid abuse screening tools, and incentives for primary care providers to implement office-based screening.

The use of recommended monitoring guidelines has been shown to be useful for identifying patients at risk of developing opioid or substance abuse dependency (Loheswaran et al., 2015). Setnik, Roland, Pixton, and Sommerville (2017) performed an analysis on the effectiveness of standardized opioid risk assessment tools. It was found that a standardized risk assessment tool should be considered for all patients who are on chronic opioid therapy, thus helping to identify patients who may be at risk for or who are engaging in prescription opioid misuse, abuse, and diversion (Setnik et al., 2017). Risk factors include having a present or past history of alcohol abuse, tobacco abuse, depression, anxiety, illicit drug use, antisocial personality, and childhood adversity (Dela Cruz & Trivedi, 2015). Primary health care providers should assess for signs and symptoms of opioid abuse when prescribing opioid medications due to the potential for significant adverse effects of opioid misuse. The major adverse consequences of opioid misuse include drug tolerance, physical dependence, addiction, and even death.

The following validated screening tools can identify patients at an increased risk of opioid abuse: The Brief Pain Inventory (BPI), the Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP-R), the Opioid Risk Tool (ORT), and the Diagnosis, Intractability, Risk, Efficacy (DIRE) (Dela Cruz & Trivedi, 2015). According to a study by Webster and Webster (2005), the use of the Opioid Risk Tool (ORT) showed that patients who were at high risk of abusing opioids displayed more aberrant behaviors than those who were in the moderate to low risk groups. The ORT's use demonstrated accuracy and validated those predicted to be at high risk and at low risk for opioid-related adverse behaviors. According to Letourneau et al. (2019), the use of opioid risk screenings by physicians benefit their patients by helping to prevent, identify, and subsequently successfully treat opioid addiction.

There is significant evidence that the abuse and misuse of opioids is a serious problem. The need to have screening protocols in place is important to identify patients who may be at high risk of dependency before prescribing opioids. Key topics include risk factors to receiving adequate care, the importance of early identification of abuse or misuse and intervention, and potential effects on quality of life. In the primary care setting, it has been shown that many opioids are prescribed every year with very little screening in place. Education for prescribers is important to help understand when to prescribe opioids versus non-opioid and when to taper patients currently on opioids. The research available is limited regarding the use of screening tools because most providers do not utilize them. Despite providers understanding their utility in practice, screening tools are not often used because of the perception that they are time-consuming. Implementing a short question screening tool is more likely to be utilized in the primary care setting and adopted for continued use.

Project Methods

The setting for this project was rural family practice clinic in an underserved region of southern Illinois. The project's education, implementation, and staff evaluation component of the project took place from June 2020 through November 2020. Providers at the clinic expressed a need for a standardized way to identify patients at risk for opioid abuse prior to prescribing opioids. The clinic lacked a protocol or current practice for assessing the risk of opioid abuse when prescribing opioid medications. The office was amenable to the change and it demonstrated stakeholder support for the project to be implemented at rural clinic in Harrisburg, Illinois.

The tool chosen for this project was the Opioid Risk Assessment Tool (ORT). This project was found to be exempt from the IRB review board because it is a quality improvement project. After obtaining exemption from the Southern Illinois University Edwardsville institutional review board, providing education was the first step in implementing this tool. Educational in-services were provided to the physicians and clinical staff on how to use and evaluate the ORT. The education included topics such as the importance of screening for opioid abuse in the primary care setting and the implementing a new opioid abuse risk assessment screening tool. Handouts were discussed and provided to the staff then placed in a binder for reference. Implementation of the ORT assisted the primary care provider in choosing appropriate analgesic treatments for patients. The screening tool's implementation was performed by clinical staff and administered to any patient who presented with pain or injury that may have required a prescription for pain control. The ORT was also used for current patients already receiving opioids to assess for potential aberrant behaviors.

Evaluation

Analysis of the project data and interpretation of the findings occurred from November 2020 until January 2021. Data was collected over a period of 4 months. Due to the pandemic and a corresponding decrease in routine office visits, the number of ORT's were less than expected. There were 75 total ORTs completed, 40 (46.7%) being female patients, and 35 (42.7%) male. The majority (89.3%) of patients were between the ages of 16-45. Despite the limitations due to COVID -19, the ORT demonstrated usefulness in practice. The use of this tool after the pandemic could have a significant impact in identifying patients who are at risk of dependency.

According to the data, most of the participants had low risk profiles for opioid abuse or may not have disclosed current or past history of risk factors. Based on the ORT scores of the 75

patients screened, 69.3% of patients (n=52, 55% of females, 85.70% of males) were classified as low risk, 25.3% (n=19, 37.5% of females, 11.43% of males) were moderate risk, and 5.3% (n=4, 7.5% of females, 2.9% of males) were high risk of developing opioid dependency. Female patients had overall more positive responses in all risk categories. A past family history of alcohol abuse or personal history of alcohol abuse was reported by 17.5% and 10% of females respectively compared to only 5.7% and 2.9% of males. Similarly, females had 5% higher incidence of family history of illegal and prescription drug use than males. Females reported having a 10% history of prescription drug abuse compared to only 2.9% of males. The only category in which men reported higher risk was that of use of illegal drugs, 2.9% of men and none of the women. The most significant finding was the number of patients who were requesting opioid prescriptions for pain had a high rate of some type of mental health diagnosis. Personal history of depression was reported by 62.5% of females and 42.9% of males, with additional mental health conditions being reported at 25% by women and 11.4% by men.

Impact on Practice

The immediate impact at the clinical site was that some patients who may be at risk for opioid or substance abuse were identified. According to the feedback from the providers, the ORT data was very helpful in deciding on whether to prescribe opioids. In cases where the patient was determined to be high or moderate risk, the providers decided to discuss alternate treatment plans with these patients with additional education and reasoning discussed with the patient as to why the decision not to prescribe opioids was chosen.

Due to Covid-19, more data would be needed to determine a significant impact on the number of opioids prescribed and subsequent decrease in opioid abuse and overdose. Results of this project indicate that education on the ORT helped providers to identify patients at risk for

opioid abuse by using this tool. Once patients are seen in the office for pain-related complaints at normal capacity this tool will be better utilized as part of the standard of care in the office.

Conclusions

The findings from the ORT administration demonstrate that the use of an ORT in the clinic setting could prevent or decrease opioid misuse by determining which patients may be at higher risk. The literature supports that administering these tools can lead to improved detection of opioid misuse and those at risk of becoming addicted. With the adoption of the ORT more patients can be screened and identified to prompt intervention and prevention of opioid misuse.